To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full requ	Name, A iired (Do 1	Address and telephone number of the present or proposed entity under which this biographical statement is being Not Use Group Names).
Whi	te Mounta	ains Insurance Group, Ltd.
<u>80 S</u>	outh Mair	n Street, Hanover, NH 03755
603-	640-2200	
Туре	of entity	(i.e. insurance company, premium finance company, etc.): Financial Services Holding Company
In co	onnection nafter set	with the above-named entity, I herewith make representations and supply information about myself as forth. (Attach a ddendum or separate sheet if space hereon is insufficient to answer any question fully.) IF 'NO" OR "NONE," SO STATE.
1.	a.	Affiant's Full Name (Initials Not Acceptable). <u>Dennis Paul Beaulieu</u>
	b.	Maiden Name (if applicable) <u>N/A</u>
2.	a.	Have you ever had your name changed? No If yes, give the reason for the change and provide the full name(s).
	b.	Other names used at any time (including aliases). N/A
3.	a.	Are you a citizen of the United States? Yes
	b.	Are you a citizen of any other country, if so, what country? No
4.	Affiant's	s Occupation or Profession. Corporate Secretary, White Mountains Insurance Group, Ltd.
5.	Affiant's	s business address. 80 South Main Street, Hanover, NH 03755
	Business	s telephone. (603) 640-2206
6.	Educatio	on and Training:
College	/ Universi	ity City/ State Dates Attended (MM/YY) Degree Obtained
Whitem	ore Schoo	-

Gradua	ite Studies: Co	llege/ University	City/ State	Dates	Attended (MM/YY)	Degree Obtained
Other T	Training: Name	e City/ Sta	te Date	es Attended (	MM/YY) Degree/C	ertification Obtained
(Note: application	ble provide the	nded a foreign schoo e foreign student Ider	ol, please provid ntification Numbe	e full addres	s and telephone numle e provided in the Biog	per of the college/university. I raphical Affidavit Supplementa
7.	List of memb	erships in profession	al societies and as	ssociations		
8.	Present or pre	pposed position with	the applicant enti		te Secretary	
9.	including pre	sent jobs, positions,	partnerships, ow.	venty (20) y ner of an en	ears, whether compen tity, administrator, ma ages if the space provi	sated or otherwise (up to and
SEE ITEM	4 9 ATTACHED			-		
Beginnii Dates (M	ng/Ending /M/YY)		nployers' Name _			
						State/Province
						Held
	ng/Ending IM/YY)	En	ployers' Name _			
Address			4	City		State/Province
Country		Postal Code	Phone		Offices/Positions I	Held
Fax		Superv	visor / Contact	·		
Beginnin Dates (M	g/Ending	- En				
						State/Province
						eld
	g/Ending	- Em				

Addres	ss			City	State/Province
Countr	у	Postal Code	Phone		Offices/Positions Held
		Super	rvisor / Contact		
10.	a.	Have you ever been in a bond, give details.			ry bond? <u>No</u> If any claims were made on the
	b.	Have you ever been der revoked? No If yes, g	nied an individ	ual or position s	schedule fidelity bond, or had a bond canceled or
11.	or gover in the parties of the lice	ernmental licensing agency a past. For any non-insurance ensing authority or regulator provided is insufficient.	or regulatory au regulatory issu y body having j NONE	athority or licens: aer, identify and p	ling licenses to sell securities) issued by any public ing authority which you presently hold or have held provide the name, address and telephone number of the license (s) issued. Attach additional pages if the
Organiz	zation /Is	•			·
City _		State/Province	}	Country	Postal Code
License	Туре	Lice	nse #	Da	te Issued (MM/YY)
Date Ex	pired (N	IM/YY) Reaso	n for Terminati	on	
		Regulatory Phone Number (in			
					·
City		State/Province		Country	Postal Code
icense	Туре	Licer	ıse #	Dat	e Issued (MM/YY)
Date Ex	pired (M	IM/YY)Reason	ı for Terminatio	on	
Von-ins	urance R	egulatory Phone Number (if	known)		
2.		onding to the following, if the			ounged, and the affiant has personally verified that ne question. Have you ever:
	a.	Been refused an occupation regulatory authority, or any No	public adminis	trative, or govern	
	b.	Had any occupational, professen subject to any judicial No	, administrative	, regulatory, or d	permit you hold or have held, isciplinary action?

·.	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?
etc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, Attach a copy of the complaint and filed adjudication or settlement as appropriate.
term posse: wheth nonm	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, her through the ownership of voting securities, by contract other than a commercial contract for goods or anagement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with
the po	ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other n. NONE
If any	of the stock is pledged or hypothecated in any way, give details. N/A

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of a entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or pers "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, control or is controlled by, or is under common control with, the person specified.  YES										
	If	If any of the shares or stock are pledged or hypothecated in any way, give details.									
	<u>N/</u>	A									
15.	На	ve you ever been adjudged a bankrupt? <u>No</u>									
16.	coi wh	your knowledge has any company or entity for which you were an officer or director, trustee, investment mmittee member, key management employee or controlling stockholder, had any of the following events occur ile you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) iant should also include any events within twelve (12) months after his or her departure from the entity.									
,	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? <u>No</u>									
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes — see Item 16.b attached									
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No									
explan	ation	n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.									
Dated am act	and s ing o	signed this // May of Learner 13 at Hanner NH1 hereby certify under penalty of perjury that I on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.									
		(Signature of Affiant)									
State of		lew Hampshire									
County	of	Grattun									
luly sw	orn,	personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are ect to the best of his knowledge and belief.									
Subscri	bed a	nd sworn to before me this 16th day of December 2003.									
		Maura Heara (Notary Public)									
		My Commission Expires Notary Public, New Hampshire My Commission Expires June 6, 2006									

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.

	2220 2120	CHICAGO TAGORANICO GI	oup, Dtd.			<del></del>		
<u>80</u>	South N	Aain Street, Hanover	NH 03755		·			
<u>60</u>	<u>3-640-2</u>	200						
1.	<ul> <li>a. Affiant's Full Name (Initials Not Acceptable). <u>Dennis Paul Beaulieu</u></li> <li>b. Maiden Name (if applicable) <u>N/A</u></li> </ul>							
2.	2. Affiant's Social Security Number							
3.			Number if not a U.S. Citi					
4.	Foreig	n Student ID# (if app	olicable) <u>N/A</u>					
5.	Date o	f Birth: (MM/DD/Y	Y) ————————————————————————————————————	Place of Birth: City R	<u>Rochester</u>			
6.								
7.			last ten (10) years starting					
	<u>ginning/E</u> Dates	nding		State/				
( <u>M</u>	M/YY)	Address	City		Country	Postal Code		
<u>2/9</u>	3-currer	et Caracian	Dunbarton	NH	USA	03046		

Dated and signed this day of larger forms and signed this day of correct to the best of my knowledge and	y that I am acting on r	Hanne NH ny own behalf, and that	the foregoing state	ements are true and
correct to the best of my knowledge and	bener.	Danes	- Dearla	
		<del></del>	(S:	ignature of Affiant)
State of New Hampshive	2			
County of Graffa				
Personally appeared before me the above deposes and says that he executed the abcorrect to the best of his knowledge and be	ove instrument and th			
Subscribed and sworn to before me this	16th day of	December	20 <u>03</u>	
		Mary	Sena	
· (SEAL)	•	My Commissio	Notary Pi on Expires	10110)
			Notary P	NCY LEONARD ublic, New Hampshirs ion Expires June 6, 2005

I, Dennis Paul Beaulieu, presently residing at to be affiliated with	
	which is applying for licensure or a permit to organize with the ment of Insurance.
have concerning me which is requested by the directly or via a vendor to act acting on its behalf if forbids the disclosure of such information. I fi representative, or the [Vendor] be provided with a	Department of Insurance will conduct an investigation of my and of confidentiality as it reasonably relates to this inquiry I hereby give my amployer, firm, or person, to disclose any knowledge and information they person Department of Insurance either the capacity as described herein and waive any provisions of law which arther consent and request that the State Department of Insurance, its certified copy of any such record concerning me which they may deem as However the authorization to courts and law enforcement agencies is accordance with law.
such confidential sources. Flowever, to the extent a	Department of Insurance to treat at its discretion, or by its right to withhold from me or my agent the information identifying of authorized by the Fair Credit Reporting Act, I do have the right to review my background and the right to dispute and submit corrections of such
A true copy of this Authority for Release of Infororiginal.    Desire Figure (Signature)	mation shall be valid and have the same force and effect as the signed  Date: 100/100/000
This document was executed and signed in the present the present of the present the presen	ce of the following witnesses:  Alicia R. Marlin
Sworn to and subscribed before me this 16th day o	f <u>Scenber</u> , 20 03.  Notary Public
	My commission Expires:  NANCY LEONARD  Notary Public, New Hampshire  My Commission Expires June 8, 2008

### EMPLOYMENT HISTORY

6/01 - current	White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 Phone: (603) 640-2206 Fax: (603) 640-2250	Secretary & Treasurer
9/94 - 6/01	White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 Phone: (603) 640-2206 Fax: (603) 640-2250	Vice President & Corporate Secretary
10/99 - 6/01	American Centennial Insurance 3501 Silverside Rd., Suite 203 Wilmington, Delaware 19810 Phone: (302) 479-2100 Fax: (302) 479-2103	Company Secretary
10/99 - 6/01	Peninsula Insurance Company Peninsula Indemnity Company 112 E. Market Square, Salisbury, Maryland 21803-0108 Phone: (410) 742-5132 Fax: (410) 742-1987	Asst. Secretary
6/99 - 1/01	Waterford Insurance Company 80 South Main Street, Hanover, New Hampshire Phone: (603) 640-2206 Fax: (603) 640-2250	Secretary
11/94 - 10/99	White Mountains Holdings, Inc. 80 South Main Street, Hanover, New Hampshire 03755 Phone: (603) 640-2206 Fax: (603) 640-2250	Vice President and Secretary
3/95 - 6/99	White Mountains Insurance Company 1117 Elm Street, Manchester, New Hampshire 03101 Phone: (603) 666-9642 Fax: (800) 762-4574	Chief Financial Officer and Secretary
10/91 - 6/94	New Dartmouth Bank 1155 Elm Street, Manchester, New Hampshire 03101 Phone: (603) 647-3816	Chief Financial Officer
2/88 - 10/91	Dartmouth Bancorp 2 College Park Drive, Hooksett, New Hampshire	Various-last position held - Chief Financial Officer
2/76 - 2/88	Indian Head Banks, Inc. 1 Indian Head Plaza, Nashua, New Hampshire Phone: (603) 886-5939	Various - last position held - Director of Asset/Liability

I joined Dartmouth Bancorp in February 1988 as Controller and was promoted to Chief Financial Officer in 1991. Dartmouth Bancorp was a one-bank holding company, domiciled in New Hampshire, and parent of Dartmouth Bank (the "Bank").

The Bank was one of six major New Hampshire banks that failed in 1991 due to a severe economic recession that hit the state in the late 1980s and early 1990s. Preceding its closure, the Chief Executive Officer and his senior staff, of which I was a member, worked with the Federal Deposit Insurance Corporation (the "FDIC") to try and recapitalize the Bank, first by obtaining "open bank" assistance from the FDIC. These efforts were unsuccessful and the FDIC placed the bank into receivership on October 10, 1991. Preceding the closure, Bank management, with the full knowledge and consent of the FDIC, had been pursuing the formation of New Dartmouth Bank to bid on the assets of the failed Bank. Capitalized with \$41 million in private investor capital, New Dartmouth Bank was successful in its bid for the failed Bank and purchased certain assets and assumed certain liabilities of the former Bank, and two other failed New Hampshire institutions, Numerica Savings Bank and New Hampshire Savings Bank, in a "shared equity" arrangement with the FDIC. The Chief Executive Officer and his staff, with the FDIC's approval, stayed on as the senior staff of New Dartmouth Bank. New Dartmouth Bank was sold to Shawmut National Corporation in June, 1994 at a premium and the FDIC received an early redemption of its preferred stock, also at a premium. Dartmouth Bancorp, subsequent to the failure of the Bank, declared bankruptcy in the United States Bankruptcy Court for the District of New Hampshire.

I remained as Chief Financial Officer of New Dartmouth Bank until its sale to Shawmut in 1994.

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full requi	Name, A ired (Do	Address and telephone number of the present or proposed entity under Not Use Group Names).	which this biographical statement is being
		ains Insurance Group, Ltd.	
		n Street, Hanover, NH 03755	
	540-2200		
Туре	of entity	(i.e. insurance company, premium finance company, etc.): Financial S	
In co	nnection	n with the above-named entity, I herewith make representations as t forth. (Attach addendum or separate sheet if space hereon is insuff "NO" OR "NONE," SO STATE.	nd cumply information about 10
1.	а.	Affiant's Full Name (Initials Not Acceptable). David Thomas Foy	
	b.	Maiden Name (if applicable) <u>N/A</u>	
2.	a.	Have you ever had your name changed? No If yes, give the full name(s).	
	b.	Other names used at any time (including aliases). N/A	
3.	a.	Are you a citizen of the United States? Yes	
	b.	Are you a citizen of any other country, if so, what country? No	•
1.	Affian	it's Occupation or Profession. Chief Financial Officer, White Mountains	•
5.	Affian	t's business address. 370 Church Street, Guilford, CT 06437	
	Busine	ess telephone. (203) 458-2380	
j.	Educat	tion and Training:	
College	e/ Univer	rsity City/ State Dates Attended (MM/YY)	Degree Obtained
Roches	ter Instit	ute of Technology Rochester, NY 09/84 - 02/89	B.S. Applied Statistics

Gradu	ate Studies: College/	University City	State	Dates Attended	(MM/YY)	Degree Obtained	
Other	Training: Name	City/ State	Dates A	ttended (MM/YY)	Degree/Ce	ertification Obtained	
applica	If affiant attended able provide the fore nation)	a foreign school, ple ign student Identifica	ease provide fu tion Number in	ll address and tele the space provided	phone number in the Biogra	er of the college/unive	ersity. If lemental
7.	List of membershi	ps in professional soc	ieties and assoc	ciations.			
	Fellow – Society o	of Actuaries; Member	r – American A	cademy of Actuarie	es .		
8,	Present or propose	d position with the ap			fficer		·
9.	including present	ployment record for jobs, positions, partne se list the most recent	erships, owner	y (20) years, whet of an entity, admir	ther compens	sated or otherwise (up nager, operator, directo led is insufficient.	to and orates or
Dates (						I. ovince <u>NH</u>	
						of Financial Officer	
						or r maneral Officer	
	ing/Ending MM/YY) <u>06/93</u> -	03/03 Employers'	Name Ha	rtford Life Insuranc	e Company		
Addres	s <u>Hartford Plaza</u>		City <u>Hartfor</u>	d	State/Prov	ince <u>CT</u>	
Country	y <u>USA</u> Postal Code	e <u>06115</u> Phone <u>(8</u>	60) 547-5000	Offices/Position:	s Held <u>Sr. V</u>	P,CFO, Treasurer & D	irector
Fax _	860) 843-3390	Supervisor / (	Contact		· · · · · · · · · · · · · · · · · · ·	·	
Beginn	ing/Ending			•	***		
Addres	s <u>2445 M Street</u>	·····	City <u>Wasl</u>	ington	State/Pro	ovince <u>DC</u>	
						arious Actuarial Roles	
	ing/Ending MM/YY)	- Employe	ers' Name				

Addre	ss			City	State/Province
Count	ry	Postal Code	Phone	(	Offices/Positions Held
Fax		Supe			
10.	a.	Have you ever been in a bond, give details. <u>N/A</u>	position which re	equired a fidelity	bond? <u>No</u> If any claims were made on the
	b,	Have you ever been de revoked? No If yes, g	nied an individu	al or position sch	nedule fidelity bond, or had a bond canceled or
11.	or gove in the p the lice	ernmental licensing agency past. For any non-insuranc	or regulatory aut e regulatory issue ry body having ju NONE	hority or licensing r, identify and pro risdiction over th	g licenses to sell securities) issued by any public g authority which you presently hold or have held ovide the name, address and telephone number of e license (s) issued. Attach additional pages if the
Organi	zation /Is	suer of License			
City _		State/Provinc	е	Country	Postal Code
License	е Туре	Lic	ense #	Date	Issued (MM/YY)
Date Ex	xpired (N	/IM/YY) Reaso	on for Termination	n	
		Regulatory Phone Number (			-
City		State/Province	e	Country	Postal Code
					Issued (MM/YY)
Date Ex	pired (M	IM/YY) Reaso	n for Termination	1	
Non-ins	surance R	Regulatory Phone Number (	if known)		
12.		onding to the following, if to ord was sealed or expunged,			nged, and the affiant has personally verified that question. Have you ever:
	a.	Been refused an occupation regulatory authority, or an No	y public administ	rative, or governr	nental licensing agency?
	b.	Had any occupational, probeen subject to any judicia	ıl, administrative,	regulatory, or dis	permit you hold or have held, ciplinary action?

0,	professional, or vocational license or permit in any judicial, administrative, regulatory, o disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil trafficoffenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?
If the setc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, ttach a copy of the complaint and filed adjudication or settlement as appropriate.
term "	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The 'control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person
whethen nonmand held by the po	er through the ownership of voting securities, by contract other than a commercial contract for goods of magement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with owner to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in. NONE
If any	of the stock is pledged or hypothecated in any way, give details. N/A
II ally	of the stock is pleaged of hypothecated in any way, give details. 1474

14.	entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, or is controlled by, or is under common control with, the person specified.  YES						
		any of the shares or stock are pledged or hypothecated in any way, give details.					
	<u>N/</u>	A					
15.	Ha	ve you ever been adjudged a bankrupt? <u>No</u>					
16.	cor	your knowledge has any company or entity for which you were an officer or director, trustee, investment mmittee member, key management employee or controlling stockholder, had any of the following events occur ile you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) fant should also include any events within twelve (12) months after his or her departure from the entity.					
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No					
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No					
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No					
		n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.					
Dated am ac	l and : ting (	signed this 1st day of December at Gulford) I hereby certify under penalty of perjury that I on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)					
State o	f <u>(</u>	· •					
County	/ of _	Sen Haven					
Person luly sy rue an	ally a vorn, d com	ppeared before me the above named <u>David Thomas Foy</u> personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are rect to the best of his knowledge and belief.					
Subscr	ibed :	and sworn to before me this 1st day of <u>becember</u> 2003.					
		Balbara A. Derry (Notary Public)					
		My Commission Expires 70/31/04					

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Gr	roup, Ltd.		·	
80 South Main Street, Hanove	r, NH 03755			
603-640-2200				
1. a. Affiant's Full Name (	Initials Not Acceptable). <u>Davi</u>	d Thomas Foy	Market Control of the	
b. Maiden Name (if app	licable) N/A		-	
2. Affiant's Social Security 1	Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. Government Identification	Number if not a U.S. Citizen			
4. Foreign Student ID# (if ap	plicable) <u>N/A</u>			
5. Date of Birth: (MM/DD/Y State/Province New Ham	Pla pshire Co	ce of Birth: City <u>C</u> untry <u>USA</u>	Concord	
6. Name of Affiant's Spouse	(if applicable) Ruperta Dadia	Foy		****
7. List your residences for the	e last ten (10) years starting wi	th your current add	ress, giving:	
Beginning/Ending Dates (MM/YY) Address	City	State/ Province	Country	Postal Code
10/03-present	Old Saybrook	СТ	USA	06475
11/96-10/03	Weatogue	<u> </u>	USA	06089
06/93-11/96	Weatogue	CT	USA	06089

Dated and signed this St day of Secents.  I hereby certify under penalty of perjury that I am actin correct to the best of my knowledge and belief.	And that the foregoing statements are true and what the foregoing statements are true and (Signature of Affiant)
State of Connect cut	
State of Connecticut County of New Haven	
Personally appeared before me the above named <u>Dav</u> deposes and says that he executed the above instrument correct to the best of his knowledge and belief.	id Thomas Foy personally known to me, who, being duly sworn, and that the statements and answers contained therein are true and
Subscribed and sworn to before me this \ \ \ \ \ da	y of <u>December</u> 2003
	Ballara (). Jours Balbara A-Dern (Notary Public)
	$\mathcal{S}$
(SEAL)	My Commission Expires 10 31 64

I, David Thomas Foy, presently residing at with	Old Saybrook, CT am affiliated with or proposed to be affiliated which is applying for licensure or a permit to organize with the
	tment of Insurance.
permission to any court, law enforcement agency, er have concerning me which is requested by the or via a vendor to act acting on its behalf in the cap the disclosure of such information. I further consent the [Vendor] be provided with a certified copy of	Department of Insurance will conduct an investigation of my of confidentiality as it reasonably relates to this inquiry I hereby give my apployer, firm, or person, to disclose any knowledge and information they Department of Insurance either directly active as described herein and waive any provisions of law which forbids and request that the State Department of Insurance, its representative, or any such record concerning me which they may deem necessary in the orization to courts and law enforcement agencies is inapplicable to records
such confidential sources. However, to the extent at	Department of Insurance to treat at its discretion, or by its right to withhold from me or my agent the information identifying of uthorized by the Fair Credit Reporting Act, I do have the right to review my background and the right to dispute and submit corrections of such
A true copy of this Authority for Release of Information original.	nation shall be valid and have the same force and effect as the signed
Daii Thomas Tos (Signature)	Date: 12-1-03
This document was executed and signed in the presen	ce of the following witnesses:
1. <u>Couchaine</u> 2.	
State of Connecticut County of Dew Haven	
Sworn to and subscribed before me this $\frac{1}{1}$ day o	f December, 2003.
	Notary Public Barbara Al 31 /41

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full N require	lame, Add ed (Do No	ress and telephone nu t Use Group Names).	mber of the prese	ent or proposed entity under which	this biographical statement	nt is being
<u>80 Sou</u>	ith Main S	treet, Hanover, NH 0	3755			
603-64	10-2200					
Туре о	of entity (i	e. insurance company	, premium finance	e company, etc.): Financial Services	s Holding Company	
hereina	after set fo	vith the above-named orth. (Attach addend O" OR "NONE," SO	um or separate sl	with make representations and sup- neet if space hereon is insufficient	oply information about to answer any question	myself as fully.) IF
1.	a.			eptable). <u>Jess Brian Palmer</u>		
•	b.					•
2.	a.	full name(s).		d? No If yes, give the rea	-	ovide the
					· · · · · · · · · · · · · · · · · · ·	
	b.	Other names used at a	any time (includin	ng aliases). <u>J. Brian Palmer (signs na</u>	nme J.B. Palmer)	
3.	a.	Are you a citizen of the	ne United States?	Yes		
	b.	Are you a citizen of a	ny other country,	if so, what country? No		
4.	Affiant's	Occupation or Profes	sion. <u>Chief Acco</u>	unting Officer		
5.	Affiant's	business address. <u>80</u>	South Main Stree	et, Hanover, NH 03755		
	Business	telephone. (603) 640	0-2200			
5.	Education	n and Training:				
College	:/ Universi	ty City/ Sta	ite	Dates Attended (MM/YY)	Degree Obtained	
Inivers	sity of Mas	sachusetts Amherst	. MA	09/90 - 02/95	Bachelor of Business Administrat	ion

Gradua	te Studies: Colle	ege/ University	City/ State	Dates Atte	nded (MM/YY)	Degree Obtained
Other T	raining: Name	City/ S	tate Date	s Attended (MM.	/YY) Degree/Ce	ertification Obtained
······································						
(Note: applical Informa	ole provide the	led a foreign sch foreign student Ide	ool, please provide entification Number	full address and in the space pro	d telephone number ovided in the Biogra	er of the college/university. If aphical Affidavit Supplemental
7.	List of membe	rships in professio	onal societies and as	sociations		
	American Inst	itute of Certified F	ublic Accountants (	(AICPA), Massa	chusetts Society of	Certified Public
	Accountants ()	MSCPA)				
8.	Present or prop	posed position with	n the applicant entit	y. <u>Chief Accou</u>	inting Officer	
9.	including pres	ent jobs, positions	ord for the past two, partnerships, own trecent first. Attach	ner of an entity,	administrator, mar	sated or otherwise (up to and nager, operator, directorates or led is insufficient.
	ng/Ending 4M/YY) <u>6/1/</u> 0	I - present_Emp	loyers' Name <u>Wh</u>	ite Mountains In	surance Group, Ltd	
Address	80 South Mai	n Street	C	ity <u>Hanover</u>		State/Province NH
Country	_USA	_ Postal Code <u>03</u>	755_ Phone <u>(603</u>	) 640-2200	Offices/Positions H	leld Chief Accounting Officer
Fax <u>(60</u>	03) 643-4592	Supe	rvisor / Contact	·		
	ng/Ending IM/YY) <u>11/9</u> 9	6/1/01_Emplo	yers' Name <u>Whi</u>	te Mountains Ma	nnagement Compar	ıy
Address	_80 South Mai	n Street	Ci	ty <u>Hanover</u>		State/Province NH
Country	USA	Postal Code 03	755 Phone <u>(603</u>	) 640-2200	Offices/Positions	Controller
Fax <u>(60</u>	03) 643-4592	Super	visor / Contact		<del></del>	
	ng/Ending IM/YY) <u>6/95</u>	- <u>11/99</u> Em	ployers' Name <u>Pri</u>	icewaterhouseCc	opers	
Address	160 Federal S	reet		City <u>Boston</u>	1	State/Province MA
Country	USA	Postal Code 02	110 Phone <u>(617</u>	) 428-8400	Offices/Positions _	Senior Accountant
<sup>7</sup> ax <u>(61</u>	7) 439-7393	Super	visor / Contact			-
	ng/Ending		mployers' Name _			

Agares	ss			City	State/Prov	ince
Countr	у	Postal Code	Phone	Offi	ces/Positions Held	
Fax		Supe				
10.	<b>a.</b>				nd? <u>No</u> If any claims	
	b.	Have you ever been de revoked? <u>No</u> If yes,	enied an indivi	dual or position sched	ule fidelity bond, or had a	bond canceled or
11.	or gove in the p the lice	ernmental licensing agency past. For any non-insurance ensing authority or regulated provided is insufficient.	y or regulatory ce regulatory is ory body having	nal licenses (including lauthority or licensing at suer, identify and proving jurisdiction over the li	icenses to sell securities) issuuthority which you presently de the name, address and telecense (s) issued. Attach addi	ued by any public hold or have held ephone number of tional pages if the
Organiz	ation /Is			4	tancy Address 239 Causewa	
City <u>E</u>	Boston	State/Province	e <u>MA</u>	Country <u>USA</u>	Postal Code	02114
Date Ex	pired (M surance F	Certified Public Accountar  IM/YY)Reas  Regulatory Phone Number	son for Termina	ition	Date Issued (MM	I/YY) <u>12/98</u>
Organiz	ation /Is	suer of License		Address		
City		State/Provinc	ce	Country	Postal Code _	
License	Туре	Lic	ense#	Date Iss	ued (MM/YY)	<u>.</u>
Date Ex	pired (M	IM/YY) Reas	on for Termina	tion	<del></del>	
Non-ins	urance F	Regulatory Phone Number	(if known)			
12.		onding to the following, if ord was sealed or expunged			ed, and the affiant has person uestion. Have you ever:	nally verified that
	a.	Been refused an occupati regulatory authority, or a No	ny public admi	nistrative, or governme		
	b.	Had any occupational, pr been subject to any judici No	ial, administrati	ve, regulatory, or discip	•	

c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?
If the etc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, Attach a copy of the complaint and filed adjudication or settlement as appropriate.
posses wheth nonmanial held b	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, the through the ownership of voting securities, by contract other than a commercial contract for goods or anagement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in. NONE
If any	of the stock is pledged or hypothecated in any way, give details. N/A

14.	er "a or	ill you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person ffiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with, the person specified.
	If	any of the shares or stock are pledged or hypothecated in any way, give details.
	<u>N/</u>	A
15.	Ha	ve you ever been adjudged a bankrupt? No
16.	co: wh	your knowledge has any company or entity for which you were an officer or director, trustee, investment mmittee member, key management employee or controlling stockholder, had any of the following events occur itle you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) iant should also include any events within twelve (12) months after his or her departure from the entity.
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No
		n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.
Dated am ac	and ting o	signed this 7157 day of NOCUBER at 2003. I hereby certify under penalty of perjury that I on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)
State o	f <i>A</i>	14100 chuse 15
County	of 📞	14 HoM
duly sy true an	vorn, 1 con	ppeared before me the above named <u>Jess Brian Palmer</u> personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are rect to the best of his knowledge and belief.
Subscri	bed a	and sworn to before me this 1/0 the day of November 2003.
		ANDREA R. CROWE  Notary Public  ommonwealth of Massachusetts  (Notary Public)
	1	My Commission Expires May 29, 2009 My Commission Expires My Commission Expires

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, L	.td.			
80 South Main Street, Hanover, NH	03755			
603-640-2200				
1. a. Affiant's Full Name (Initials	Not Acceptable). Jess ]	Brian Palmer		
b. Maiden Name (if applicable)	<u>N/A</u>			
2. Affiant's Social Security Number				
3. Government Identification Numb	er if not a U.S. Citizen	<u>N/A</u>		
4. Foreign Student ID# (if applicable				
5. Date of Birth: (MM/DD/YY) State/Province MA	Plac Cou	ce of Birth: City <u>I</u> intry <u>USA</u>	Boston	
6. Name of Affiant's Spouse (if appl	licable) <u>Marci Palmer</u>			
7. List your residences for the last te	n (10) years starting wit	h your current add	lress, giving:	
Beginning/Ending Dates				•
(MM/YY) Address	City	State/ Province	Country	Postal Code
8/03-present	Grafton	MA	USA	01536
11/99-8/03	Enfield	NH	USA	03748
11/97-11/99	Westboro	MA	USA	01581
11/95-11/97	· Northboro	MA	USA	01532
5/88-11/95	Hopkinton	MA	USA	01748

	Dated and signed this 719 day of NOVEMBER at 7003  I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)
(	County of sufferior
C	Personally appeared before me the above named <u>Jess Brian Palmer</u> personally known to me, who, being duly sworn, leposes and says that he executed the above instrument and that the statements and answers contained therein are true and orrect to the best of his knowledge and belief.  Subscribed and sworn to before me this 2/ J day of 2003
(;	ANDREA R. CROWE Notary Public Commonwealth of Massachusetts My Commission Expires May 29, 2009 My Commission Expires My Commission Expires

I, Jess Brian Palmer, presently residing at	and the state of biologica to be
affiliated with	which is applying for licensure or a permit to organize with
theI	Department of Insurance.
permission to any court, law enforcement agence have concerning me which is requested by the _ or via a vendor to act acting on its behalf in the	Department of Insurance will conduct an investigation of my right of confidentiality as it reasonably relates to this inquiry I hereby give my y, employer, firm, or person, to disclose any knowledge and information they  Department of Insurance either directly capacity as described herein and waive any provisions of law which forbids
the [Vendor] be provided with a certified copy	isent and request that the State Department of Insurance, its representative, or of any such record concerning me which they may deem necessary in the authorization to courts and law enforcement agencies is inapplicable to records w.
operation of law, certain sources as confidential such confidential sources. However, to the exten	Department of Insurance to treat at its discretion, or by and its right to withhold from me or my agent the information identifying of authorized by the Fair Credit Reporting Act, I do have the right to reviewing my background and the right to dispute and submit corrections of such
A true copy of this Authority for Release of In original.  (Signature)	aformation shall be valid and have the same force and effect as the signed $Date: \frac{11/21/03}{21/03}$
This document was executed and signed in the pre	
State of Managetta  County of Sytfold	Susan Holland
Sworn to and subscribed before me this da	ny of November, 2003.
[SEAL]	Notary Public
	My commission Expires:
ANDREA R. CROWE Notary Public Commonwealth of Massachusetts My Commission Expires	

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full I requir	Name, A red (Do 1	ddress and tele Not Use Group	ephone number of the Names),	present or proposed entity under which	1 this biographical statement is bein	g
White	e Mounta	nins Insurance (	Group, Ltd.			
80 So	uth Mair	n Street, Hanov	ver, NH 03755			
603-6	40-2200	<u> </u>				
Туре	of entity	(i.e. insurance	company, premium fir	nance company, etc.): Financial Service	es Holding Company	
herein	nafter s et	t forth. (Attac		nerewith make representations and so ate s heet if s pace hereon is insufficien		
1.	a.			Acceptable). Robert Lawrence Seelig		
	b.					
2.	a.	Have you e full name(s)	).	anged? No If yes, give the re		÷
	b.			uding aliases). <u>N/A</u>		
3.	a.	Are you a ci	tizen of the United Sta	tes? Yes		
	b.	Are you a ci	tizen of any other cour	try, if so, what country? No		
<b>4.</b> ,	Affian	t's Occupation	or Profession. <u>V.P. &amp;</u>	c General Counsel, White Mountains In	surance Group, Ltd.	
5.	Affian	t's business add	lress. 80 South Main	Street, Hanover, NH 03755		
	Busine	ess telephone	(603) 640-2200			
ó.	Educat	tion and Trainir	ng:			
College	e/ Univer	rsity	City/ State	Dates Attended (MM/YY)	Degree Obtained	
Duke U	Jniversit	Υ	Durham, NC	8/86 – 5/90	B.S.E.	

Duke University			Dates Attended ()	MM/YY)	Degree Obtained	
Duke University University of Chicago	Durhan Chicago		8/89 - 5/91 10/91 - 6/94		M.B.A J.D.	
Other Training: Name				Degree/Cer		
(Note: If affiant attended applicable provide the forei	a foreign school, pleas gn student Identificatio	e provide f n Number i	ull address and telep	phone numbe in the Biogra	r of the college/univ phical Affidavit Supp	versity. plement
7. List of membership	s in professional societ	ies and asso	ciations.			
Member of the Bar	- State of New York; M	Member - Aı	nerican Bar Associat	ion		
8. Present or proposed	l position with the appli	cant entity.	Vice President & Go	eneral Counse	el	
including present je	loyment record for the obs, positions, partners e list the most recent firs	hips, owner	of an entity, admini	strator, mana	iger, operator, directe	p to an- orates c
Beginning/Ending Dates (MM/YY) 02/03 -	present Employers' N	Name <u>White</u>		Group, Ltd.		
Address 80 South Main Str						
Country <u>USA</u> Postal Code Fax <u>(603) 643-4592</u>						
Beginning/Ending Dates (MM/YY) <u>09/02</u> - (	02/03 Employers' Na					
Address <u>80 South Main Stre</u>	et	City <u>I</u>	<u>Ianover</u>	State/Pro	vince <u>NH</u>	
Country <u>USA</u> Postal Code	03755 Phone (603)	640-2200	Offices/Positions	Held <u>Vice F</u>	resident & General (	Counsel
Fax (603) 643-4592	Supervisor / Cor	ntact				
Beginning/Ending Dates (MM/YY) <u>10/94</u> - <u>9</u>	//02 Employers' Nam	ne	Cravath, Swaine	& Moore		
Address <u>825 Eighth Avenue</u>		_City <u>Ne</u>	w York	State/Pro	vince <u>NY</u>	<del></del>
Country <u>USA</u> Postal Code	10019 Phone (212)	474-1000	Offices/Positions	Held <u>Ass</u>	ociate	
ax <u>(212) 474-3700</u>	Supervisor / Cor	ntact	<del> </del>			<del>,</del>
Beginning/Ending Dates (MM/YY)						

Addres	s			City_		State/Province	
Country	у	Postal Code	Phone		Offices/Posit	ions Held	
				t			
10.	a.	Have you ever been in bond, give details.	a position whic				ade on the
	b.	Have you ever been de revoked? No If yes,	enied an individ	dual or positio	n schedule fideli	ty bond, or had a bond ca	anceled or
11.	or gover in the pa the licen	mmental licensing agency ast. For any non-insuranc	or regulatory a e regulatory iss ry body having	nuthority or lice suer, identify as jurisdiction ov	ensing authority vend provide the naver the license (s)	o sell securities) issued by a which you presently hold or me, address and telephone i issued. Attach additional p	have held
Organiz	ation /Iss	uer of License State of Ne	w York – Offic	e of Court Adr	ninistration Addre	ess <u>PO Box 2806, Church S</u>	t Station
City <u>N</u>	lew York	State/Province	NY	Country	<u>USA</u>	Postal Code10008	
License	Туре	Lic	ense # 2665	297	Date Issued (MM	/YY) 04/95	
		M/YY)Reas					
Non-inst	arance Re	gulatory Phone Number (	if known) <u>(212</u>	2) 428-2800			
City		State/Provinc	e	Country		Postal Code	
License '	Туре	Lice	ense#		Date Issued (MM	/YY)	
Date Exp	oired (MN	//YY) Reaso	on for Terminati	ion .			
		gulatory Phone Number (					
2.	In respon		he record has t	peen sealed or	expunged, and th	e affiant has personally ver ave you ever:	rified that
	1	Been refused an occupation regulatory authority, or an No	y public admini	istrative, or go	vernmental licens:	ing agency?	
	.1	Had any occupational, pro been subject to any judicia	fessional, or vo ll, administrativ	cational licens e, regulatory, o	e or permit you h or disciplinary act	old or have held,	

<b>c.</b>	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
<b>j.</b>	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No
etc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, Attach a copy of the complaint and filed adjudication or settlement as appropriate.
posses wheth nonm held t	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, her through the ownership of voting securities, by contract other than a commercial contract for goods or anagement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in. NONE
If any	of the stock is pledged or hypothecated in any way, give details. N/A

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes – Insignificant percentage
	If any of the shares or stock are pledged or hypothecated in any way, give details.  N/A
15.	Have you ever been adjudged a bankrupt? No
16.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
:	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No
	c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No
Explai Dated am ac	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an nation provided.  If and signed this 24 day of Nember at Hanwer II hereby certify under penalty of perjury that I sting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  Signature of Affiant)  of Araf two
County	of Grafton
uly sv	ally appeared before me the above named Robert Lawrence Seelig personally known to me, who, being worn, deposes and says that he executed the above instrument and that the statements and answers contained therein are d correct to the best of his knowledge and belief.
Subscri	ibed and sworn to before me this 24th day of November 2003.  (Notary Public)
	My Commission Expires NANCY LEGNARD  Notary Public, New Hampshire My Commission Expires June 6, 2006

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Gro	up, Ltd.			
80 South Main Street, Hanover,	NH 03755			
(603) 640-2200				
1. a. Affiant's Full Name (In	itials Not Acceptable). <u>Ro</u>	<u>bert Lawrence Seelig</u>		
b. Maiden Name (if applic	able) <u>N/A</u>			······································
2. Affiant's Social Security Nu	mber			
3. Government Identification N				
4. Foreign Student ID# (if appl				
5. Date of Birth: (MM/DD/YY State/Province		lace of Birth: City \(\) Country \(\) USA	Vashington, DC	
6. Name of Affiant's Spouse (if	applicable) Karin Jo De	l'Antonia		*
7. List your residences for the l	ast ten (10) years starting v	vith your current add	ress, giving:	
Beginning/Ending Dates		State/		
(MM/YY) Address	City	Province	Country	Postal Code
10/02-present	Hanover	NH	USA	03755
3/96-10/02	New York	NY	USA	10011
10/94-3/96	New York	NY	USA	10014
9/93-10/94	Chicago	IL	USA	60614
6/93-9/93	New York	NY	USA	10014
9/92-6/93	Chicago	TL.	USA	60637

Dated and signed this 24 day of 1 lereby certify under penalty of perjury the correct to the best of my knowledge and believed.	fort S.
	(Signature of Affiant
State of Arabira  County of Arabira  Personally appeared before me the above name the poses and says that he executed the above correct to the best of his knowledge and belief the Subscribed and sworn to before me this 2	ned <u>Robert Lawrence Seelig</u> personally known to me, who, being duly sworn to instrument and that the statements and answers contained therein are true and fine.
	Many Sunar
	(Notary Public)
SEAL)	My Commission Expires NANCY LEGNARD Notary Public, New Hampshire My Commission Expires June 6, 2006
	•

I, Robert Lawrence Seelig, presently	residing at Hanover, NH am affiliated with or proposed to be affiliated
with	which is applying for licensure or a permit to organize with the
	Department of Insurance.
permission to any court, law enforcem have concerning me which is request directly or via a vendor to act acting of forbids the disclosure of such inforr representative, or the [Vendor] be pro	on its behalf in the capacity as described herein and waive any provisions of law which mation. I further consent and request that the State Department of Insurance, its ovided with a certified copy of any such record concerning me which they may deem investigation. However the authorization to courts and law enforcement agencies is
such confidential sources. However, to	Department of Insurance to treat at its discretion, or by infidential and its right to withhold from me or my agent the information identifying of the extent authorized by the Fair Credit Reporting Act, I do have the right to review ort regarding my background and the right to dispute and submit corrections of such
A true copy of this Authority for Rel- original. (Signature)	ease of Information shall be valid and have the same force and effect as the signed  Date Ovember 24, 2003
This document was executed and signed  1. Danus Benulcu  State of Law Hampshire  County of Araf Lan	in the presence of the following witnesses:  2. Largea Jofernas
Sworn to and subscribed before me this [SEAL]	Z4th day of Marember, 20_03
	My commission Expires:NANCY LEONARD Notary Public, New Hampshire My Commission Expires June 6, 2006

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full requi	Name, Add ired (Do No	iress and telep ot Use Group N	hone number of the preser. James).	nt or proposed entity under which	this biographical statemer	at is being
Whit	e Mountain	ns Insurance Gr	oup, Ltd.			
80 S	outh Main S	Street, Hanover	NH 03755			
<u>603-</u>	640-2200					
Туре	of entity (i	.e. insurance co	ompany, premium finance o	company, etc.): Financial Services	Holding Company	
herei	nafter s et f	orth. (Attach	e-named entity, I herewi a ddendum or s eparate s he E," SO STATE.	th make representations and su eet if space hereon is insufficient	pply information about 1 to answer any question f	myself as fully.) IF
1.	<b>a</b> .	Affiant's Ful		table). <u>Raymond Joseph Rene Ba</u>		·
	b.	Maiden Nam				
2.	a.	full name(s).		? No If yes, give the rea		ovide the
	ъ.			aliases). <u>N/A</u>		
3.	a.			'es		
	ъ.	Are you a citi:	zen of any other country, if	so, what country? No		
4.	Affiant's	s Occupation o	r Profession. <u>President &amp; (</u>	CEO, White Mountains Insurance	Group, Ltd.	
5.	Affiant's	s business addr	ess. 80 South Main Street,	Hanover, NH 03755		
	Business	s telephone. (	603) 640-2200			
5	Education	on and Training	;			
Colleg	ge/ Universi	ity (	City/ State	Dates Attended (MM/YY)	Degree Obtained	
aval	University	(	Quebec City, PO Canada	1969-1973	B.S.	

Onter Haining: Name		Name City/S	State Date		· · · · · · · · · · · · · · · · · · ·	
Information)  7. List of memberships in professional societies and associations.  American Academy of Actuaries, Casualty Actuarial Society  8. Present or proposed position with the applicant entity. President & CEO  9. List complete employment record for the past twenty (20) years, whether compensated or other including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator officerships). Please list the most recent first. Attach additional pages if the space provided is insufficive SEE ITEM 9 ATTACHED  Beginning/Ending Dates (MM/YY) Employers' Name				2 1 Storagou (WIIVD 1 1)	_ Degree/Certificatio	on Obtained
American Academy of Actuaries, Casualty Actuarial Society  8. Present or proposed position with the applicant entity. President & CEO  9. List complete employment record for the past twenty (20) years, whether compensated or other including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator officerships). Please list the most recent first. Attach additional pages if the space provided is insufficively partnerships. Please list the most recent first. Attach additional pages if the space provided is insufficively pages (MM/YY) Employers' Name	(Note: If affiar applicable prov Information)	t attended a foreign sch ide the foreign student Io	hool, please provide lentification Numbe	e full address and telep r in the space provided i	hone number of the	college/university. Affidavit Supplemen
American Academy of Actuaries, Casualty Actuarial Society	7. List of	memberships in profession	onal societies and as	sociations.		
9. List complete employment record for the past twenty (20) years, whether compensated or other including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator officerships). Please list the most recent first. Attach additional pages if the space provided is insufficively active to the past twenty (20) years, whether compensated or other including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator officerships). Please list the most recent first. Attach additional pages if the space provided is insufficively set of the space provided is insufficively active.  Seginning/Ending Dates (MM/YY) Employers' Name	Anterio	an Academy of Actuaries	s, Casualty Actuaria	l Society		
officerships). Please list the most recent first. Attach additional pages if the space provided is insufficis  SEE ITEM 9 ATTACHED  Beginning/Ending Dates (MM/YY) Employers' Name	Present	or proposed position with	h the applicant entit	y. <u>President &amp; CEO</u>		
Beginning/Ending Dates (MM/YY) Employers' Name  Address City State/Provin  Country Postal Code Phone Offices/Positions Held  Paginning/Ending Dates (MM/YY) Employers' Name  Address City State/Provin  Country Postal Code Phone Offices/Positions Held  Country Postal Code Phone Offices/Positions Held  Supervisor / Contact  eginning/Ending Employers' Name  ddress Supervisor / Contact  Employers' Name	officers	ups). Please list the most	ord for the past two s, partnerships, own recent first. Attach	enty (20) years, whether er of an entity, adminis additional pages if the sp	er compensated or contrator, manager, ope pace provided is insu	otherwise (up to an erator, directorates of fficient.
Dates (MM/YY) Employers' Name	EE ITEM 9 ATTAC	HED .				
Country Postal Code Phone Offices/Positions Held  Fax Supervisor / Contact  Seginning/Ending Dates (MM/YY) - Employers' Name Country Postal Code Phone Offices/Positions Held  Supervisor / Contact  City State/Proving Country Postal Code Phone Offices/Positions Held  ax Supervisor / Contact  eginning/Ending ates (MM/YY) - Employers' Name  ddress City State/Proving	eginning/Endin ates (MM/YY)	; E	implovers' Name			
Supervisor / Contact  Seginning/Ending Dates (MM/YY) Employers' Name  Country Postal Code Phone Offices/Positions Held  Country Postal Code Phone Offices/Positions Held  ax Supervisor / Contact  eginning/Ending ates (MM/YY) Employers' Name  ddress City State/Provinc	dress		, , , , , , , , , , , , , , , , , , , ,	City	Ci m	
Supervisor / Contact  Seginning/Ending Dates (MM/YY) Employers' Name  Address City State/Provin  Country Postal Code Phone Offices/Positions Held  ax Supervisor / Contact  eginning/Ending ates (MM/YY) Employers' Name  ddress City State/Province	ountry	Postal Code	Phone	Offices/F	Ositions Held	rovince
Beginning/Ending Dates (MM/YY) Employers' Name  Address City State/Provin  Country Postal Code Phone Offices/Positions Held  ax Supervisor / Contact  eginning/Ending ates (MM/YY) Employers' Name  ddress City State/Province	х	Super	rvisor / Contact			
City State/Proving    Country Postal Code Phone Offices/Positions Held   ax Supervisor / Contact   eginning/Ending   etes (MM/YY) Employers' Name   ddress City State/Province						
ountry Postal Code Phone Offices/Positions Held ax Supervisor / Contact  eginning/Ending ates (MM/YY) Employers' Name  ddress City State/Province				City	G	
Supervisor / Contact	tes (MM/YY)					ovince
eginning/Ending ates (MM/YY) Employers' Name  ddress City State/Province	tes (MM/YY) dress		Phone	Offices/D	State/Pro	
City State/Provinc	tes (MM/YY)  dress  untry	Postal Code	Phone	Offices/P	ositions Held	
Date: Toylik	dress untry	Postal CodeSuperv	Phonevisor / Contact	Offices/P	ositions Held	
ountry Postal Code Phone Offices/Positions Held	dress untry ginning/Ending es (MM/YY)	Postal Code Superv	Phone visor / Contact  ployers' Name	Offices/P	ositions Held	
x Supervisor / Contact	tes (MM/YY)  dress  untry  inning/Ending es (MM/YY)  dress  ntry	Postal Code Superv Em Postal Code	Phone visor / Contact  ployers' Name Phone	Offices/Pos	ositions HeldState/Pro	ovince

Address			*	City		State/Province
Country		Postal Code	Phone		Offices/Positions	Held
Fax		Supe				
10.	a.	bond, give details.				
	b.		nied an individu tive details.	al or position sci	hedule fidelity b	
	or gov in the the lic	ny professional, occupational vernmental licensing agency past. For any non-insurancensing authority or regulato	al and vocational or regulatory au e regulatory issu- ry body having jo NONE	licenses (including thority or licensing er, identify and propertion over the state of the state	ng licenses to sel g authority whicl ovide the name, e license (s) issu	l securities) issued by any public n you presently hold or have held address and telephone number of ed. Attach additional pages if the
Organiza	ition /I	ssuer of License				
City		State/Provinc	e	Country		Postal Code
License T	Гуре _	Lice	ense #	Date	Issued (MM/YY	")
Date Exp	oired (l	MM/YY) Reaso	on for Terminatio	n	· · · · · · · · ·	
Non-insu		Regulatory Phone Number (	f known)		-	
Organiza				_ Address		
						Postal Code
License T	Гуре _	Lice	nse #	Date	Issued (MM/YY	)
Date Exp	ired (N	/м/YY) Reaso	n for Terminatio	n	· 	
Non-insu	rance l	Regulatory Phone Number (i	f known)			
		onding to the following, if to ord was sealed or expunged,				fiant has personally verified that you ever:
8	a.	Been refused an occupation regulatory authority, or an No	y public administ	rative, or governr	nental licensing a	agency?
1	b.	Had any occupational, pro been subject to any judicia	l, administrative,	regulatory, or dis	ciplinary action?	

с.	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No					
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No					
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No					
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No					
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No					
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No					
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No					
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?					
If the retc. A	esponse to any question above is answered "Yes", please provide details including dates, locations, disposition, trach a copy of the complaint and filed adjudication or settlement as appropriate.					
term " possess whethe nonma held by the po	y entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, or through the ownership of voting securities, by contract other than a commercial contract for goods or magement services, or otherwise, unless the power is the result of an official position with or corporate office of the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with over to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other NONE					
If any o	of the stock is pledged or hypothecated in any way, give details. N/A					

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls,
•	or is controlled by, or is under common control with, the person specified.  YES
	If any of the shares or stock are pledged or hypothecated in any way, give details.
	N/A
15.	Have you ever been adjudged a bankrupt? No
16.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No
	c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No
0240101	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an nation provided.
Dated am ac	and signed this 24 day of Overnous at Harwer I hereby certify under penalty of perjury that I ting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.
	(Signature of Affiant)
State o	Dew Hampshire
County	of <u>Grattan</u>
luly sv	ally appeared before me the above named <u>Raymond Joseph Rene Barrette</u> personally known to me, who, being worn, deposes and says that he executed the above instrument and that the statements and answers contained therein are decorrect to the best of his knowledge and belief.
Subscri	ibed and sworn to before me this 24th day of November 2003
	(Notary Public)

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Grou	p, Ltd.		<u></u>			
80 South Main Street, Hanover, 1	NH 03755					
603-640-2200						
1. a. Affiant's Full Name (Ini	tials Not Acceptable). Ray	mond Joseph Rene	Barrette			
b. Maiden Name (if applica	ble) <u>N/A</u>					
2. Affiant's Social Security Nur						
3. Government Identification N	ımber if not a U.S. Citizen	<u>N/A</u>				
4. Foreign Student ID# (if appli	cable) <u>N/A</u>					
5. Date of Birth: (MM/DD/YY) State/Province Quebec	·					
6. Name of Affiant's Spouse (if	applicable) <u>Cynthia Barre</u>	ette				
7. List your residences for the la	st ten (10) years starting w	ith your current add	ress, giving:			
Beginning/Ending Dates		State/				
MM/YY) Address	City	Province	Country	Postal Code		
5/99-present	Hanover	NH	USA	03755		
11/97-5/99	Hanover	NH	USA	03755		
7/96-6/98	Wilmington	DE	USA	19808		
3/97-6/98	Hockessin	DE	USA	19707		
0/94-7/96	Garches		France			
5/87-7/94	Kentfield	CA	AZIT	94904		

Dated and signed this 24 day of Ownder at Hanover NH  I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statement	s are true and
correct to the best of my knowledge and belief.	ure of Affiant)
(Signatural)	ine of Affiain,
State of New Hompshire	
County of avat ton	
Personally appeared before me the above named <u>Raymond Joseph Rene Barrette</u> personally known to me, who sworn, deposes and says that he executed the above instrument and that the statements and answers contained the and correct to the best of his knowledge and belief.	10, being duly Ierein are true
Subscribed and sworn to before me this 24th day of November 2003	
Manue Loga	
(Notary Public)	)
(SEAL) My Commission Expires  NANCY LEONA  Nature Public New M	
Motary Public, New Ha My Commission Expires	June 6, 2008

# AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Raymond Joseph Rene Barrette, presently residing at	Hanover, NH am affiliated with or proposed to
be affiliated with whi Department of Insura	ch is applying for licensure or a permit to organize with the
Dopartment of mount	
I understand that the	Department of Insurance either directly bed herein and waive any provisions of law which forbids at the State Department of Insurance, its representative, or disconcerning me which they may deem necessary in the
I recognize the right of the operation of law, certain sources as confidential and its right to with such confidential sources. However, to the extent authorized by the any information g athered in a ny report regarding my background information as deemed appropriate	Fair Credit Reporting Act, I do have the right to review
A true copy of this Authority for Release of Information shall be original.  Date:	valid and have the same force and effect as the signed
This document was executed and signed in the presence of the follows	ing witnesses:
1. Donnes Beaulin Stregue Stregue State of Den Hampshine	Sprones
County of Grafton	1
Sworn to and subscribed before me this 24th day of New	ber, 20 03.
[SEAL] Notary Public	Senor
My commission	Eynires:
1v1y continussion	Notary Public, New Hamashins
	** ** ****** Evoires June 6, 2008

### EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
President & CEO White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/1/03 to present
Chairman & CEO OneBeacon Insurance Group One Beacon Street, Boston, MA 02108	P: (617) 725-9080 F: (617) 725-9055	12/2001 to 12/31/02
Managing Director & CEO OneBeacon Insurance Group One Beacon Street, Boston, MA 02108	P: (617) 726-9080 F: (617) 725-9055	6/2001 to 12/2001
President White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/00 to 6/2001
Executive Vice President & Chief Financial Officer White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	11/97 to 1/2000
Consulting Actuary TILLINGHAST - TOWERS PERRIN Tour Neptune, 20 Place De Seine 92400 Courbevoie, France	P: 33-1-4102-0202	1/94 to 2/96
President, Personal Insurance Division Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	8/91 to 12/93
Executive Vice President & Chief Financial Officer Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	2/89 to 8/91
Executive Vice President, Commercial Insurance Division Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	12/86 to 2/89
Senior Vice President & Chief Actuary Fireman's Fund Insurance Company 777 San Marin Drive, Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	4/83 to 12/86

# **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

Full 1 requir	Name, Add red (Do No	dress and telep of Use Group	phone number of the pre Names).	sent or proposed entity under which	this biographical statement is being	;
				Mark Control of the C		
				ce company, etc.): Financial Service		
nerein	aner set i	ortn. (Attach	ve-named entity, I here a addendum or separate s NE," SO STATE.	with make representations and su sheet if space hereon is insufficient	apply information about myself as to answer any question fully.) IF	
1.	a.			eptable). <u>John Joseph Byrne</u>		
	ь.				<del></del>	
2.	a.	name(s).			·· <del>·</del>	
	b.		used at any time (includi	ng aliases). <u>N/A</u>		
3.	a.			Yes		
				if so, what country? No		
1.	Affiant's	Occupation o	or Profession. Chairman	White Mountains Insurance Group	<u>, Ltd.</u>	
5.	Affiant's	business add	ress. <u>80 South Main Str</u> e	eet, Hanover, NH 03755		
	Business	telephone. (	603) 640-2200			
<b>5</b> .	Educatio	n and Trainin	g:			
College	e/ Universi	ty	City/ State	Dates Attended (MM/YY)	Degree Obtained	
utaers	Ilniversit	· ·	New Romewick NI	1051 1054	D C	

		ege/ University	City/ State Cambridge,			None None
Universi	ty of Michigan	1	Ann Arbor,	MI 195	8 – 1959	M.S.
Other Tr	aining: Name	City/ S	tate	Dates Attended	(MM/YY)	Degree/Certification Obtained
Honorar	y Degrees – U	niversity of Maryl	and, St. Anselm	College, Rutg	ers, Mount S	nint Mary's College
	le provide the					phone number of the college/university. in the Biographical Affidavit Supplement
7.	List of member	erships in professio	onal societies ar	nd associations.		
	SEE ITEM 7	ATTACHED				
8.	Present or pro	posed position wit	h the applicant			
i	including pres	ent jobs, positions Please list the most	s, partnerships,	owner of an e	ntity, admin	ner compensated or otherwise (up to an istrator, manager, operator, directorates of space provided is insufficient.
Beginnin Dates (M	g/Ending M/YY)	I				
Address _				City _		State/Province
Country_		_ Postal Code	Phone _	. · <del>-</del>	Offices	/Positions Held
Fax		Supe	ervisor / Contac	t		
	g/Ending M/YY)					
Address _			-	City		State/Province
Country _		_ Postal Code	Phone		Offices	/Positions Held
<sup>-</sup> ах		Supe	rvisor / Contact	t		
Beginning Dates (MI	g/Ending					
Address _				City		State/Province
Country _		Postal Code	Phone		Offices/I	Positions Held
³ax		Supe	rvisor / Contact			
	g/Ending					

Addres	s			City	State/Province
Country	у	Postal Code	Phone	O	ffices/Positions Held
Fax		Supe	ervisor / Contact _		
10.	<b>a.</b>	Have you ever been in a bond, give details. N/A			oond? <u>No</u> If any claims were made on the
	b.	Have you ever been de revoked? If yes, give de	enied an individua tails. <u>No</u>	nl or position sche	edule fidelity bond, or had a bond canceled or
11.	or gover in the pa the licen	mmental licensing agency ast. For any non-insurand using authority or regulate ovided is insufficient.	al and vocational or regulatory autles te regulatory issue tory body having ju NONE	licenses (including hority or licensing r, identify and pro risdiction over the	g licenses to sell securities) issued by any public authority which you presently hold or have held ovide the name, address and telephone number of a license (s) issued. Attach additional pages if the
Organiz	ation /Iss				
City	····	State/Province	ce	Country	Postal Code
License	Туре	Lic	cense #	Date J	Issued (MM/YY)
Date Ex	pired (MI	M/YY) Reas	on for Termination	n	·
Non-ins	urance Re	egulatory Phone Number (	(if known)		
Organiz	ation /Issu	ner of License			
City		State/Province	e	Country	Postal Code
License	Туре	Lic	ense #	Date I	Issued (MM/YY)
Date Exp	pired (MN	M/YY)Reas	on for Termination	1	
Von-inst	urance Re	gulatory Phone Number (	if known)	······································	
12.		nding to the following, if d was sealed or expunged			nged, and the affiant has personally verified that question. Have you ever:
		Been refused an occupati- regulatory authority, or ar <u>No</u>	ay public administ	rative, or governm	nental licensing agency?
		Had any occupational, probeen subject to any judici No	al, administrative,	regulatory, or disc	permit you hold or have held, ciplinary action?

c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No
	response to any question above is answered "Yes", please provide details including dates, locations, disposition, Attach a copy of the complaint and filed adjudication or settlement as appropriate. N/A
term posses wheth nonm held t the po	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, her through the ownership of voting securities, by contract other than a commercial contract for goods or anagement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in.  Mountains Insurance Group, Ltd.
If any	of the stock is pledged or hypothecated in any way, give details. N/A

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of an entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, control or is controlled by, or is under common control with, the person specified.  Yes						
	If any of the shares or stock are pledged or hypothecated in any way, give details.  N/A						
15.	Have you ever been adjudged a bankrupt? No						
16.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.						
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No						
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No						
	c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No						
explai	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an nation provided.						
Dated am ac	and signed this 3' day of Docembox at Hanne M I hereby certify under penalty of perjury that I ting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)						
State of	· New Hampshire						
County	of Gratton						
duly sw	ally appeared before me the above named <u>John Joseph Byrne</u> personally known to me, who, being yorn, deposes and says that he executed the above instrument and that the statements and answers contained therein are decorrect to the best of his knowledge and belief.						
Subscri	bed and sworn to before me this 3rd day of December 2003						
	(Notary Public)						
	My Commission Expires <u>NANCY LEONARD</u> .  Notary Public, New Hampshire  Style Commission Expires Agree 6 1000						

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Gro	up, Ltd.				
80 South Main Street, Hanover,	NH 03755				
603-640-2200					
1. a. Affiant's Full Name (In	a. Affiant's Full Name (Initials Not Acceptable). John Joseph Byrne				
b. Maiden Name (if applic	able) <u>N/A</u>		· · · · · · · · · · · · · · · · · · ·		
2. Affiant's Social Security Nu	mber				
3. Government Identification N	lumber if not a U.S. Citiz	en <u>N/A</u>			
4. Foreign Student ID# (if appl	icable) <u>N/A</u>				
5. Date of Birth: (MM/DD/YY State/Province New Jersey	<u> </u>	Place of Birth: City <u>I</u> Country <u>USA</u>	Passaic		
6. Name of Affiant's Spouse (in	f applicable) Dorothy By	rne			
7. List your residences for the l	ast ten (10) years starting	with your current add	ress, giving:		
Beginning/Ending Dates	,	State/			
(MM/YY) Address	City		Country	Postal Code	
4/02-present	Etna	NH	USA	03750	
11/88-4/02	Hanover	NH	USA	03755	
		,	.*		

Dated and signed this 3rd day of December at I hereby certify under penalty of perjury that I am acting on my correct to the best of my knowledge and belief.	fanover nH y own behalf, and that the foregoing statements are true a
	Apleni & Byrnature of Affian
State of New Hampshire	
County of AraCtor	
Personally appeared before me the above named <u>John Joseph By</u> duly sworn, deposes and says that he executed the above instrume true and correct to the best of his knowledge and belief.	ne personally known to me, who, beir and that the statements and answers contained therein as
Subscribed and sworn to before me this 376 day of 1	December 2003
	Manu Seonard
(SEAL)	(Notary Public)
(ODAD)	My Commission Expires  NAMAY 130011 PD  Note: Public New Yorks Sine Wy Commission

#### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, John J. B yrne, presently residing at	E tna, N H am affiliated with or proposed to be affiliated with which is applying for licensure or a permit to organize with the
	Department of Insurance.
permission to any court, law enforcement as have concerning me which is requested by via a vendor to act acting on its behalf in the disclosure of such information. I further con [Vendor] be provided with a certified cop	e capacity as described herein and waive any provisions of law which forbids the insent and request that the State Department of Insurance, its representative, or the by of any such record concerning me which they may deem necessary in the the authorization to courts and law enforcement agencies is inapplicable to records
such confidential sources. However, to the	Department of Insurance to treat at its discretion, or by otial and its right to withhold from me or my agent the information identifying of extent authorized by the Fair Credit Reporting Act, I do have the right to review earding my background and the right to dispute and submit corrections of such
A true copy of this Authority for Release original.	of Information shall be valid and have the same force and effect as the signed
Signature)	Date: /2 , 0 / , 0
This document was executed and signed in the	e presence of the following witnesses:
Georgia Sofrmas	2. Denne Boulen
State of Hampsh County of Qraftan	ive
Sworn to and subscribed before me this 3	Merus Semas
[SEAL]	Notary Public
	My commission Expires

#### PROFESSIONAL SOCIETIES & ASSOCIATIONS

Member, American Academy of Actuaries Associate, Society of Actuaries Overseer, Rutgers University Foundation Charter Life Underwriter Past Trustee, Insurance Institute of America Past Trustee, American Institute of Property and Liability Underwriters Past Director, National Association of Independent Insurers (NAII) Past Director, American Insurance Association (AIA)

Past Director, Special Olympics International

### EMPLOYMENT EXPERIENCE

POSITION	PHONE FAX	DATE
Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/2003 – present
Chairman & CEO WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	2/2002 1/2003
Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	6/2001 - 2/2002
Chairman ONEBEACON INSURANCE GROUP One Beacon Street Boston, MA 02108	P: (617) 725-6000 F: (617) 725-9055	6/2001 - 12/2001
Chairman and Chief Executive Officer WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1/2000 - 6/2001
Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	10/1997 - 1/2000
Chairman, President & Chief Executive Officer WHITE MOUNTAINS INSURANCE GROUP, LTD. 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	1985 - 10/1997
Chairman FIREMAN'S FUND CORP. 777 San Marin Drive Novato, CA 94998	P: (415) 899-2000 F: (415) 899-3600	1989-1990
Chairman GEICO One Geico Plaza Washington, DC 20076	P: (301) 986-2802 F: (301) 986-3092	1976-1985

# BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

roqu	1 OCI DO 1	Not Use Group ins Insurance (	manies).	o present of proposed entity under win	
				finance company, etc.): Financial Serv	
In co	onnection nafter set	with the abo	ove-named entity. I	herewith make representations and	supply information about myself as ient to answer any question fully.) IF
1.	a.			t Acceptable). Howard Longstreth Cla	
	b.			'A	
2.	a.	Have you e full name(s)	ver had your name o		reason for the change and provide the
	b.			cluding aliases). <u>N/A</u>	
				,	
3.	a.	Are you a cit	izen of the United S	tates? Yes	
	Ъ.	Are you a cit	izen of any other cou	untry, if so, what country? No	
4.	Affiant's Occupation or Profession. Vice Chairman, Lehman Brothers				
5.	5. Affiant's business address. 745 Seventh Avenue, 20th Floor, New York, NY 10019				
	Busines	ss telephone. (	(212) 526-6255		
6.	Educati	ion and Trainin	g:		
Colleg	e/ Univers	sity	City/ State	Dates Attended (MM/YY)	Degree Obtained
Boston	<u>Universi</u>	ty	Boston, MA	1967	B.S./B.A.

Graduate Studi	es: College/ University	City/ State	Dates Attended (	MM/YY) Degree Obta	ined
Columbia Univ	ersity	New York, NY	1968	M.B.A.	
Other Training	Name City/	State Dates	Attended (MM/YY)	Degree/Certification Obta	ined
(Note: If affiar applicable prov	nt attended a foreign sc ide the foreign student I	hool, please provide	full address and telep in the space provided	whone number of the collegin the Biographical Affidavi	e/university. t Supplemen
7. List of					
8. Present	or proposed position wi				· · · · · · ·
officers	mplete employment rec ng present jobs, position hips). Please list the mos	ord for the past twe s, partnerships, owne	nty (20) years, whether of an entity, adminis	er compensated or otherwistrator, manager, operator, opace provided is insufficient	lirectorater c
SEE ITEM 9 ATTAG	CHED				
Beginning/Endin Dates (MM/YY)	g ]				
				State/Province	
Country	Postal Code	Phone	Offices/	Positions Held	
Fax	Supe	ervisor / Contact			
Beginning/Endin Dates (MM/YY)	g				
				State/Province	
				Positions Held	
Beginning/Ending Dates (MM/YY)	7				
				State/Province	
Country	Postal Code	Phone	Offices/Po	sitions Held	
Fax	Supe	rvisor / Contact			
Beginning/Ending Dates (MM/YY)					

Address	S			City		State/Province	
Country Postal Code		Phone	Of	fices/Positions	Held		
		Supe	rvisor / Contact		·		
10.	a.	Have you ever been in a bond, give details.	position which re	equired a fidelity bo	ond? <u>No</u>	If any claims were made on	the
	b.	Have you ever been de revoked? <u>No</u> If yes, g	nied an individua ive details		dule fidelity bo		l or
11.	or gove in the pa the licer	professional, occupations rnmental licensing agency ast. For any non-insuranc	al and vocational or regulatory auth e regulatory issue ry body having ju	hority or licensing a r, identify and prov	licenses to sell authority which vide the name, a	I securities) issued by any pul you presently hold or have h address and telephone number ed. Attach additional pages if	eld r of
Organiz	ation /Iss	uer of License		Address			
						_ Postal Code	
License	Туре	Lice	ense #	Date Is	sued (MM/YY	)	
Date Ex <sub>l</sub>	pired (Mi	M/YY) Reaso	on for Termination	n	· 		
Non-insi		egulatory Phone Number (	f known)				
Organiza				Address			
City		State/Province	e	Country		Postal Code	
License '	Туре	Lice	nse #	Date Is	sued (MM/YY	)	
Date Exp	oired (MI	M/YY) Reaso	n for Termination	1			
Von-insu	irance Re	egulatory Phone Number (i	f known)				
		nding to the following, if t				fiant has personally verified the	hat
		Been refused an occupation regulatory authority, or an No	y public administi	rative, or governme	ntal licensing a	gency?	_
		Had any occupational, pro been subject to any judicia No	l, administrative,	regulatory, or disci	plinary action?		_

e. Pled gue than cive f. Had ad suspend offense:  g. Been sus judicial another particul  h. Been, we financia  i. Had a fe provision any rule  j. Had a lie No  If the response to etc. Attach a cop  List any entity suspended by the person direct whether anguent is neld by the person the power to vote	inary action? No
than cive of the provision any rule of the response to etc. Attach a copetic. Attach a copetic whether through nonmanagement is the power to vote the power	harged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
suspend offense:  g. Been sa judicial another particul  h. Been, we financial i. Had a financial ii. Had a lie who will be to be to. Attach a cop  List any entity substant "control" (incossession, direct whether through nonmanagement is neld by the personal he power to vote the control of the power to vote the power	nilty, or nolo contendere, or been convicted of, any criminal offense(s) other vil traffic offenses? No
judicial another particul  h. Been, w financia  i. Had a financia any rule  j. Had a linancia  j. Had a linancia  i. Had a constant a cop  List any entity su erm "control" (inconsession, direct whether through nonmanagement and by the person the power to vote the control of the control of the power to vote the control of the control o	judication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence led, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic s? No
financia  i. Had a financia  any rule  i. Had a linancia  No  If the response to etc. Attach a cope  List any entity surerm "control" (inconsession, direct whether through commanagement are led by the person the power to vote the power to vote the second and the power to vote the province the power to vote the province the province the power to vote the province the power to vote the province the pro	ubject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of country regulating the business of insurance, securities or banking, or from carrying out any ar practice or practices in the course of the business of insurance, securities or banking? No
provision any rule  j. Had a line No  If the response to etc. Attach a copetc. Attach a cop	rithin the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a l dispute? No
No	inding made by the Comptroller of any state or the Federal Government that you have violated any ons of small loan laws, banking or trust company laws, or credit union laws, or that you have violated or regulation lawfully made by the Comptroller of any state or the Federal Government? No
List any entity su erm "control" (i cossession, direct whether through nonmanagement so he power to vote the power to vo	en, or foreclosure action filed against you or any entity while you were associated with that entity?
erm "control" (i possession, direct whether through commanagement s aeld by the person the power to vote	any question above is answered "Yes", please provide details including dates, locations, disposition, y of the complaint and filed adjudication or settlement as appropriate.
person. <u>NONE</u>	abject to regulation by an insurance regulatory authority that you control directly or indirectly. The including the terms "controlling," "controlled by" and "under common control with") means the or indirect, of the power to direct or cause the direction of the management and policies of a person, the ownership of voting securities, by contract other than a commercial contract for goods or services, or otherwise, unless the power is the result of an official position with or corporate office in. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with e, or holds proxies representing, ten percent (10%) or more of the voting securities of any other
f any of the stock	

13.

14.	en "a or	will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.  Yes					
		any of the shares or stock are pledged or hypothecated in any way, give details.					
	<u>N/</u>	A					
15.	Ha	ve you ever been adjudged a bankrupt? No					
16.	coi wh	your knowledge has any company or entity for which you were an officer or director, trustee, investment nmittee member, key management employee or controlling stockholder, had any of the following events occur ile you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) iant should also include any events within twelve (12) months after his or her departure from the entity.					
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No					
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No					
	c,	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No					
Note: explan	If a nation	n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an provided.					
Dated am act	and s	signed this 2/ day of horenbee at I hereby certify under penalty of perjury that I on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.					
State of		Wynk (Signature of Affiant)  Kung					
County	of_	King					
luly sw	orn,	opeared before me the above named <u>Howard Longstreth Clark, Jr.</u> personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are ect to the best of his knowledge and belief.					
Subscri	bed a	nd sworn to before me this					
		Mu Commission Euripe					

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

<u>W</u>	hite Mountains Insur	ance Group, Ltd.	,		
<u>80</u>	South Main Street, J	Hanover, NH 03755			
60:	3-640-2200				
1.	a. Affiant's Full	Name (Initials Not Acceptable). Ho	oward Longstreth Clar	rk, Jr.	
	b. Maiden Name	(if applicable) <u>N/A</u>			
2.	Affiant's Social Se	curity Number			
3.	Government Identi	fication Number if not a U.S. Citize	n <u>N/A</u>		
4.	Foreign Student ID	# (if applicable) N/A			
5.	Date of Birth: (MM/DD/YY)  State/Province New York  Country USA				
6.	. Name of Affiant's Spouse (if applicable) Karen Clark				
7.	List your residence	s for the last ten (10) years starting v	with your current add	ress, giving:	
	inning/Ending		C4-4-/		
	Dates M/YY) Address	City	State/ Province	Country	Postal Code
7/9	2 - present	Greenwich	CT	USA	06831

Dated and signed this 31 day of November at
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.
Jones L. Charle
(Signature of Affiant)
·
State of New York
County of King
Personally appeared before me the above named <u>Howard Longstreth Clark, Jr.</u> personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.
Subscribed and sworn to before me this 21 day of 1 member 20 03
ara de la
(Notary Public)
(SEAL) My Commission Expires
CARMELA RINALDI Registration # 01RI4816446 County of Kings, State of New York License expires 4/30/66

### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Howard Longstreth Clark, Jr., presently residing at	Greenwich, CT am affiliated with or proposed
to be affiliated with	
organize with the	Department of Insurance.
permission to any court, law enforcement agency, employer, have concerning me which is requested by the directly or via a vendor to act acting on its behalf in the cape forbids the disclosure of such information. I further con representative, or the [Vendor] be provided with a certified	Department of Insurance will conduct an investigation of my dentiality as it reasonably relates to this inquiry I hereby give my firm, or person, to disclose any knowledge and information they Department of Insurance either acity as described herein and waive any provisions of law which is ent and request that the State Department of Insurance, its copy of any such record concerning me which they may deem er the authorization to courts and law enforcement agencies is ce with law.
such confidential sources. However, to the extent authorized	Department of Insurance to treat at its discretion, or by to withhold from me or my agent the information identifying of by the Fair Credit Reporting Act, I do have the right to review round and the right to dispute and submit corrections of such
original.	all be valid and have the same force and effect as the signed
Thought the -	Date: November 21, 2003
(Signature)	
This document was executed and signed in the presence of the f	following witnesses:
1. Dang Sotto 2. Dons	re ligura
State of Kew Jack	
County of New Y	. 2
Sworn to and subscribed before me this 2/ day of	Rember 20 0 3.
( 6 A	sala Ceusede
[SEAL] Notary Pu	ablic
My comm	CARMELA RINALDI  Registration # 01RI4816446  County of Kings, State of New York  License expires

### EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Vice Chairman Lehman Brothers		1993 to Present
745 Seventh Avenue, 20 <sup>th</sup> Floor New York, NY 10019	P: (212) 526-6255 F: (646) 758-3916	
Chairman Shearson Lehman 3 World Financial Center New York, NY 10019	P: (212) 526-6255	1990 to 1993
Executive Vice President and Chief Financial Officer American Express 3 World Financial Center New York, NY	P: (212) 640-2000	1981 to 1990

# **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

Full Na require	ame, Add d (Do No	ress and te t Use Grou	lephone number of th p Names).	ne present or proposed entity und	der which this biographica	l statement is being
80 Sou	th Main S	treet, Hano	ver, NH 03755	*		M. A
Type of	f entity (i.	e. insurance	e company, premium	finance company, etc.): Financia	al Services Holding Compa	ny
hereina	fter set fo	orth. (Atta	pove-named entity, I ch a ddendum o r s epa DNE," SO STATE.	herewith make representation arate sheet if space hereon is in	is and supply information is and supply information is any insufficient to a newer a ny	n about myself as question fully.) IF
1.	a.			ot Acceptable). <u>Robert Phillips C</u>		
	b.	Maiden Na	ame (if applicable) N	// <u>A</u>		
2.	a.	full name(s	s).	changed? <u>No</u> If yes, gi		
	b.	Other name	es used at any time (ir	ncluding aliases), <u>N/A</u>		
3.	a.			States? Yes		
	b.	Are you a	citizen of any other co	ountry, if so, what country? No_		
1.	Affiant's	Occupation	n or Profession. <u>Chai</u>	rman & CEO, Financial Security	Assurance, Inc.	
5.	Affiant's	business ac	ddress. 350 Park Ave	enue, New York, NY 10022		nervol <sup>ago</sup> li de estadores
	Business	telephone.	(212) 339-3439			······································
5.	Educatio	n and Train	ing:			
College/	Universit	ty	City/ State	Dates Attended (MM/	YY) Degree Obta	ined
Center C	College		Danville, KY	1971	B.A.	<del></del>

Gradua	ate Studies: College/ U	niversity	City/ State	Dates Atte	nded (MM/YY)	Degree Obtained	
Duke U	University Law School		Durham, NC	1974		J.D.	
Other 7	Training: Name					rtification Obtained	
(Note: applica Inform	If affiant attended a ble provide the foreig	foreign sch	ool, please provide	full address an	d telephone numbe	er of the college/university	y. I: :nta.
7.	List of memberships	in professio	nal societies and as	sociations			
						·	
8.	Present or proposed	position wit		y. <u>Director</u>			
9.	List complete emploincluding present join officerships). Please	bs, positions	ord for the past two	enty (20) years, her of an entity,	administrator, man	ated or otherwise (up to ager, operator, directorate	and s or
SEE ITEI	M 9 ATTACHED					•	
Beginni Dates (1	ing/Ending						
						State/Province	
Country	Post	al Code	Phone	(	Offices/Positions H	eld	
Fax		Supe	ervisor / Contact				
Beginni	ng/Ending	<del></del>					
						State/Province	
						eld	
		Supe	rvisor / Contact				<del></del>
	ng/Ending						
Address				City	11-18-1 <sub>11</sub>	State/Province	
Country	Postal	Code	Phone	O:	ffices/Positions Hel	d	
<sup>7</sup> ax		Supe	rvisor / Contact				
	ng/Ending //M/YY)						

Addres	ss			City	···	State/Province
Country	у	Postal Code	Phone	Of	fices/Positions 1	Held
Fax		Supervisor / Contact				
10.	<b>a.</b>	Have you ever been in a bond, give details.				If any claims were made on the
	b.	revoked? No If yes, g	ive details.		· · · · · · · · · · · · · · · · · · ·	
11.	or gove: in the pa the licer	professional, occupational rnmental licensing agency ast. For any non-insurance using authority or regulator	l and vocational or regulatory aut regulatory issue	hority or licensing a r, identify and prov risdiction over the l	licenses to sell authority which ide the name, a icense (s) issue	securities) issued by any public you presently hold or have held ddress and telephone number of d. Attach additional pages if the
Organiz	ration/Iss	uer of License				
City _		State/Province	;	Country		Postal Code
License	Туре	Lice	nse #	Date Is	sued (MM/YY)	·
Date Ex	pired (M	M/YY) Reaso	n for Termination	ı		
Non-ins	urance Re	egulatory Phone Number (i	(known)			
Organiz	ation /Iss	uer of License		Address		
City		State/Province		Country		Postal Code
License	Туре	Lice	nse #	Date Iss	sued (MM/YY)	
Date Ex	pired (MI	M/YY) Reason	ı for Termination	l		
Von-ins	urance Re	gulatory Phone Number (if	known)	<del></del>		
12.		nding to the following, if the				ant has personally verified that ou ever:
		Been refused an occupation regulatory authority, or any No	public administr	ative, or governmen	ntal licensing ag	gency?
		Had any occupational, prof been subject to any judicial No	, administrative,	regulatory, or discip	plinary action?	have held,

	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
<b>g.</b>	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i,	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?
f the retc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, ttach a copy of the complaint and filed adjudication or settlement as appropriate.
erm "cossess whethe conmar celd by he pov	y entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, or through the ownership of voting securities, by contract other than a commercial contract for goods or magement services, or otherwise, unless the power is the result of an official position with or corporate office of the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with over to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other NONE
_	of the stock is pledged or hypothecated in any way, give details. N/A

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.  Yes				
	If any of the shares or stock are pledged or hypothecated in any way, give details.  N/A				
15.	Have you ever been adjudged a bankrupt? No				
16.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.				
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No				
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No				
.!	c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No				
Note: explan Dated am act	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an ation provided.  and signed this				
	(Signature of Affiant)				
County	New York				
duly swo	lly appeared before me the above named <u>Robert Phillips Cochran</u> personally known to me, who, being orn, deposes and says that he executed the above instrument and that the statements and answers contained therein are correct to the best of his knowledge and belief.				
	ped and sworn to before me this 21st day of November 2003.				

RICHARD J. BAUERFELD
Notary Public, State of New York
No. 31-4942311
Qualified in New York County
Commission Expires
2/14/0-7

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mou	ntains Insurance Gre	oup, Ltd.			
80 South M	ain Street, Hanover	NH 03755			
<u>603-640-22</u>	00	**			
1. a. Af	fiant's Full Name (I	nitials Not Acceptable). <u>Ro</u> l	bert Phillips Cochran		
b. Ma	aiden Name (if appli	cable) <u>N/A</u>			
2. Affiant	's Social Security N	umber			
3. Govern	ment Identification	Number if not a U.S. Citizer	n <u>N/A</u>		
4. Foreign	Student ID# (if app	olicable) <u>N/A</u>			
5. Date of State/P:	Birth: (MM/DD/Y	Y) P	lace of Birth: City <u>N</u> country <u>USA</u>	Jorfolk	
6. Name c	of Affiant's Spouse (	if applicable) Suzanne Coc	hran		,
7. List you	ir residences for the	last ten (10) years starting w	vith your current add	ress, giving:	
Beginning/Er	nding				
Dates MM/YY)	Address	City	State/ Province	Country	Postal Code
8/91-presen		New York	NY	USA	10028
10/89-8/91		New York	NY	USA	10021

Dated and signed this	my own behalf, and that the foregoing statements are true and
	(Signature of Affiant)
State of New York	
County of New York	
Personally appeared before me the above named <u>Robert Phillip</u> deposes and says that he executed the above instrument and the correct to the best of his knowledge and belief.	os Cochran personally known to me, who, being duly sworn, at the statements and answers contained therein are true and
Subscribed and sworn to before me thisday of	November 20 03
	(Notary Public)
(SEAL)	My Commission Expires
	RICHARD J. BAUERFELD Notary Public State of New York
	Notary Public, State of New York No. 31-4942311 Qualified in New York County
	Commission Expires 2/10/07

# AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Robert Phillips Cochran, presently residing	
proposed to be affiliated with	which is applying for licensure or a permit to organize
with the	Department of Insurance.
permission to any court, law enforcement agency, have concerning me which is requested by the directly or via a vendor to act acting on its behalf forbids the disclosure of such information. If representative, or the [Vendor] be provided with a	Department of Insurance will conduct an investigation of my the of confidentiality as it reasonably relates to this inquiry I hereby give my employer, firm, or person, to disclose any knowledge and information they  Department of Insurance either in the capacity as described herein and waive any provisions of law which further consent and request that the State Department of Insurance, its a certified copy of any such record concerning me which they may deem on. However the authorization to courts and law enforcement agencies is n accordance with law.
such confidential sources. However, to the extent	Department of Insurance to treat at its discretion, or by ad its right to withhold from me or my agent the information identifying of authorized by the Fair Credit Reporting Act, I do have the right to review my background and the right to dispute and submit corrections of such
A true copy of this Authority for Release of Info original. (Signature)	primation shall be valid and have the same force and effect as the signed Date: $\frac{11/21/03}{}$
This document was executed and signed in the present.  1. Dannes Beaules 2. \ State of \( \text{Vov} \) County of \( \text{Vov} \)	ence of the following witnesses:
Sworn to and subscribed before me this $\frac{2^{/57}}{}$ day	of Novemby 1003.
[SEAL]	Notary Public  My commission Expires: RICHARD J. BAUERFELD  My commission Expires: RICHARD J. BAUERFELD
	No. 31-4942311 Qualified in New York County

### EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Chairman & Chief Executive Officer Financial Security Assurance, Inc. 350 Park Avenue, New York, NY 10022	P: (212) 339-3439 F: (212) 935-6392	12/5/97 - Present
President & CEO Financial Security Assurance, Inc. 350 Park Avenue, New York, NY 10022	P: (212) 339-3439 F: (212) 935-6392	8/90 – 12/4/97
Managing Director, Financial Guaranty Group; Assistant Secretary Financial Security Assurance, Inc. 350 Park Avenue, New York, NY 10022	P: (212) 339-3439 F: (212) 935-6392	8/85 — 8/90
Sr. Partner of the law firm and Managing Partner of the Washington DC office Kutok Rock 1101 Connecticut Avenue Washington, DC 20036		9/75 7/85

### **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

requ	ired (Do No	ot Use Group Names).	me present of proposed entity under w	nich this biographical statement is being
Whi	<u>te Mountair</u>	s Insurance Group, Ltd.		
<u>80 S</u>	outh Main S	Street, Hanover, NH 03755		
<u>603-</u>	640-2200			
Туре	e of entity (i		i finance company, etc.): Financial Ser	
herei	inafter set f	with the above-named entity, orth. (Attach addendum or sej IO" OR "NONE," SO STATE.	I herewith make representations and parate sheet if space hereon is insufficient	d supply information about myself as cient to answer any question fully.) IF
1.	a.		ot Acceptable). <u>Steven Elliott Fass</u>	
	b.		N/A	
2.	a,	full name(s).	changed? No If yes, give the	e reason for the change and provide the
	b.		including aliases). <u>N/A</u>	
,			G 0 Y	
).	a. 1		States? Yes	
	b.		ountry, if so, what country? No	
ł.			sident, CEO & Director, Folksamerica	Holding Co, Inc & Subsidiaries
5.	Affiant'	s business address. One Liberty	Plaza, 19 <sup>th</sup> Floor, New York, NY	
	Busines	s telephone. (212) 312-2502		
j.,	Education	on and Training:		
he B		ty City/ State ol of Business te of New York New York, N	Dates Attended (MM/YY) Y 1969	Degree Obtained B.B.A.
1 1110	CITA COTTER	COLINOW LOLK THOW LOLK, IN	1/0/	יטיתית

<u>Gradua</u>	nte Studies: Co	ollege/ University	City/ State	Dates	Attended (1	MM/YY)	Degree Obtained	
Other 7	fraining: Nam	e City/ S					rtification Obtained	
(Note: applica Informa	Die provide in	nded a foreign sch e foreign student Ic	nool, please prov	ride full addres	s and telen	hone numbe	r of the college/univ phical Affidavit Supp	ersity. l lementa
7.	List of meml	perships in profession	onal societies and	associations				
							ent Reinsurance	
	Underwriters						erica (RAA)	
8.				ntity. <u>Director</u>				
9.	List complet including pre	e employment reco	ord for the past s, partnerships, o	twenty (20) ye wner of an ent	ears, whethe	er compensa	ted or otherwise (up	to and
SEE ITEM	19 ATTACHED							
Beginnir Dates (M	ng/Ending IM/YY)	F						
Address				City			State/Province	
Country		Postal Code	Phone		Offices/	Positions He	lđ	
Fax		Supe	rvisor / Contact_					
Beginnin Dates (M	ng/Ending IM/YY)	E	mployers' Name					
							State/Province	
Country		Postal Code	Phone		Offices/I	ositions Hel	d	
Зеginnin Dates (М	c/Ending	Eı						
Address _		· · · · · · · · · · · · · · · · · · ·		City			State/Province	
Country _		Postal Code	Phone	<del></del>	Offices/Po	sitions Held		
¬ах	<del></del>	Super	visor / Contact					<del>_</del>
Beginning Dates (MI	2/Ending							•

Addres	SS		City	State/Province
				s/Positions Held
			ntact	
10.	<b>a.</b>	bond, give details,	hich required a fidelity bond?	No If any claims were made on the
	b.		lividual or position schedule	fidelity bond or had a bond canceled on
11.	in the p	ernmental licensing agency or regulator	tional licenses (including lice ry authority or licensing auth r issuer, identify and provide ing jurisdiction over the lice	enses to sell securities) issued by any public ority which you presently hold or have held the name, address and telephone number of use (s) issued. Attach additional pages if the
Organiz	ation/Is:	suer of License	Address	
				Postal Code
		License #		
		(M/YY) Reason for Termi		· ·
		egulatory Phone Number (if known)		
Organiza	ation/Iss	uer of License		
				Postal Code
		License #		
ate Exp	oired (Mi	M/YY) Reason for Termin	nation	
lon-insu	rance Re	egulatory Phone Number (if known)		
2.	In respon	nding to the following, if the record hard was sealed or expunged, an affiant m	is been sealed or expunged, ay respond "no" to the quest	and the affiant has personally verified that ion. Have you ever:
		Been refused an occupational, professi regulatory authority, or any public adm No	inistrative, or governmental	licensing agency?
1	b.	Had any occupational, professional, or been subject to any judicial, administra	vocational license or permit tive, regulatory, or disciplina	you hold or have held.

c.	Been placed on probation or had a fine levied against you or your occupational professional, or vocational license or permit in any judicial, administrative, regulatory, o disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No
If the etc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, attach a copy of the complaint and filed adjudication or settlement as appropriate.
term ' posses whethe nonma neld by	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The 'control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, are through the ownership of voting securities, by contract other than a commercial contract for goods or magement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with over to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in NONE.
If any	of the stock is pledged or hypothecated in any way, give details. N/A

13.

		es
	If	any of the shares or stock are pledged or hypothecated in any way, give details.
	<u>N/</u>	A
15.	Ha	ve you ever been adjudged a bankrupt? <u>No</u>
16.	coi wh	your knowledge has any company or entity for which you were an officer or director, trustee, investment munittee member, key management employee or controlling stockholder, had any of the following events occur ile you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) fant should also include any events within twelve (12) months after his or her departure from the entity.
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No
Note: explan	If a	n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.
Dated am act	and s ing o	signed this 28 day of November at WY M I hereby certify under penalty of perjury that I on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)
tate of	. <u></u>	Jew York
		New York
uly sw	orn,	ppeared before me the above named Steven Elliott Fass personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are sect to the best of his knowledge and belief.
ubscril	bed a	nd sworn to before me this 25 day of November 2003.
		Bu Cul
		(Notary Public)

BERNICE GORDON

NOTARY PUBLIC, State of New York
No. 31-4943694

Qualified in New York County
Commission Expires October 31, 100 4

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Wh	te Mountains Insura	nce Group, Ltd.			
<u>80 S</u>	South Main Street, H	anover, NH 03755			
	640 2200				
1.	a. Affiant's Full N	ame (Initials Not Acceptable). Ste	yen Elliott Fass		
	b. Maiden Name (i	f applicable) <u>N/A</u>			
2.	Affiant's Social Secu	·			
3.	Government Identific	cation Number if not a U.S. Citizen			
		(if applicable) N/A			
5, .	Date of Birth: (MM/	DD/YY)		Brooklyn	
6. 1	Name of Affiant's Sp	ouse (if applicable) Susan Fass _			
7. 3	List your residences t	or the last ten (10) years starting w	ith your current add	ress, giving:	
Begin	ning/Ending	•			
	ates	CI'.	State/		
IVIIVI	/YY) Address	City	Province	Country	Postal Code
3/99-	present	Colts Neck	NJ	USA	07722
9/82-	3/99	Middletown	NJ	USA	07748

Dated and signed this	m acting on my own behalf, and that the foregoing statements are true a
State of New York	(Signature of Affiai
County of Now York	
Personally appeared before me the above named deposes and says that he executed the above instructions to the best of his knowledge and belief.	Steven Elliott Fass personally known to me, who, being duly swor
Subscribed and sworn to before me this 25	day of Novel 2003
(SEAL)	(Notary Public)  My Commission Expires 10.31.04  BERNICE GORDON  NOTARY PUBLIC, State of New York  No. 31-4943684  Qualified in New York County  Commission Expires October 31, 200-6

#### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Steven Elliott Fass, presently residing at affiliated with	which is applying for licensure or a permit to organize with the
I	Department of Insurance.
permission to any court, law enforcement as have concerning me which is requested by the or via a vendor to act acting on its behalf in the disclosure of such information. I further the [Vendor] be provided with a certified of the content of the such acting the such act	Department of Insurance will conduct an investigation of my any right of confidentiality as it reasonably relates to this inquiry I hereby give my gency, employer, firm, or person, to disclose any knowledge and information they be
such confidential sources. However, to the any information g athered in any report reg information as deemed appropriate	Department of Insurance to treat at its discretion, or by intial and its right to withhold from me or my agent the information identifying of extent authorized by the Fair Credit Reporting Act, I do have the right to review arding my background and the right to dispute and submit corrections of such of Information shall be valid and have the same force and effect as the signed  Date: 11, 25, 03
This document was executed and signed in the  1	e presence of the following witnesses:  2. SUJAW & Hiscock
Sworn to and subscribed before me this 25	day of Novel, 2003.  Notary Public  My commission Expires: 10.31.63

BERNICE GORDON
NOTARY PUBLIC, State of New York
No. 31-4943684
Qualified in New York County
Commission Expires October 31, 200 (

## EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
President, CEO & Director Folksamerica Holding Company, Inc. and its Subsidiaries One Liberty Plaza New York, NY 10006	P: (212) 312-2502 F: (212) 285-3678	1984 to Present
Vice President and CFO Folksamerica Reinsurance Company One Liberty Plaza New York, NY 10006	P: (212) 312-2502 F: (212) 285-3678	1980 to 1983

# **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

## (Print or Type)

Full 1 requir	Name, Add red (Do No	lress and te ot Use Grou	lephone number of the p Names).	present or proposed entity under whic	h this biographical stateme	ent is being
				N+		_
80 So	uth Main S	Street, Hano	ver, NH 03755			
<u>603-6</u>	40-2200					
Туре	of entity (i	.e. insurance	e company, premium fir	nance company, etc.): Financial Service	es Holding Company	
herein	after set f	orth. (Atta	oove-named entity, I l ch a ddendum o r s epara DNE," SO STATE.	nerewith make representations and s ate sheet if space hereon is insufficien	upply information about at to answer any question	myself as fully.) IF
1.	a.	Affiant's I		Acceptable). <u>George Joseph Gillespie,</u>		
	b.	Maiden Na	ame (if applicable) <u>N/A</u>			
2.	a.	full name(s	3).	anged? <u>No</u> If yes, give the re		rovide the
٠	b.	Other name	es used at any time (incl	luding aliases). <u>N/A</u>		
3.	a.	Are you a c		tes? Yes		
	ъ.	Are you a c	itizen of any other cour	ntry, if so, what country? No		
1.	Affiant's	: Occupation	or Profession. Partner	Cravath, Swaine & Moore		
5.	Affiant's	business ac	ldress. <u>825 Eighth Ave</u>	nue, New York, NY		
	Business	telephone.	(212) 474-1709			
ó.	Educatio	n and Train	ing:			
College	e/ Universi	ty	City/ State	Dates Attended (MM/YY)	Degree Obtained	
George	town		Washington, DC	1952	<u>A.B.</u>	

Gradua	te Studies: College	e/ University	City/ State	Dates Attended (	MM/YY)	Degree Obtained	<u>d</u>
Harvard	l Law School		Cambridge, MA	1955		LLB	<del></del>
Other T	raining: Name			es Attended (MM/YY)			1
(Note: 2 applicat Informa	ole provide the for	l a foreign scl	nool, please provid	le full address and tele er in the space provided	phone number	r of the college/n	niversity. In applemental
7.	List of membersh	nips in professi	onal societies and a	ssociations.			_
	ABA, NY State I			e Bar, City of New York			<b></b>
8.	Present or propos	sed position wi	th the applicant enti	ity. <u>Director</u> , Chai	THEN DE	The BOAND	<del>.</del>
9.	including present	: jobs, position	ıs, partnerships, ow	wenty (20) years, whet oner of an entity, admir h additional pages if the	ustrator, mana	ger, operator, dire	- (up to and ectorates or
	ng/Ending			Cravath, Swaine & Moo		•	· · · · · · · · · · · · · · · · · · ·
				y New York			
				) 474-1709 Office			
	ng/Ending IM/YY)				•		
				City			
				Offices/			
		Sup	ervisor / Contact				
	g/Ending						
Address <sub>-</sub>				City		State/Province	
Country <sub>-</sub>	Po	stal Code	Phone	Offices/	Positions Held		
³ax	······································	Supe	ervisor / Contact				
	g/Ending		êmployers' Name	1			

Addres	s		-	City		State/Province	
Country	у	Postal Code	Phone		Offices/Positions	Held	<del></del>
Fax							
10.	a.	Have you ever been in a bond, give details.	a position which				on the
	ъ.	Have you ever been de revoked? No If yes,		ual or position so	chedule fidelity b	ond, or had a bond canc	eled or
11.	or gove in the p the lice	rnmental licensing agency ast. For any non-insurand asing authority or regulate	or regulatory au ce regulatory issu	al licenses (includi athority or licensing aer, identify and p jurisdiction over t	ing licenses to sel ng authority which rovide the name, he license (s) issu	Il securities) issued by any n you presently hold or har address and telephone num ed. Attach additional page	ve held nber of s if the
Organiz	ation /Iss	uer of License					
City		State/Provin	ce	Country		Postal Code	
License	Туре	Lio	cense#	Dat	e Issued (MM/Y)	7)	
Date Ex	pired (M	M/YY) Reas	on for Terminati	on			
		egulatory Phone Number					
						Postal Code	
License	Туре	Lic	ense #	Date	e Issued (MM/YY	7)	
Date Exp	pired (M	M/YY)Reas	on for Terminati	on			
Von-insı	urance Ro	egulatory Phone Number (	if known)				
12.		nding to the following, if rd was sealed or expunged				fiant has personally verific you ever:	ed that
	a.	Been refused an occupati regulatory authority, or as No	ny public admini	strative, or govern	mental licensing	agency?	. <del></del>
	b.	Had any occupational, probeen subject to any judici	al, administrativ	e, regulatory, or d	isciplinary action	?	<del></del>

	professional, or vocational license or permit in any judicial, administrative, regulatory, odisciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e,	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law or another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No
If the etc. A	
If the etc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, ttach a copy of the complaint and filed adjudication or settlement as appropriate.
List and term 'posses whether nonman held by the posses	response to any question above is answered "Yes", please provide details including dates, locations, disposition, trach a copy of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.  The appropriate of the complaint and filed adjudication or settlement as appropriate.
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13.

14.	en "a or	will you or members of your immediate family subscribe to or own, beneficially or of fecord, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.  Yes						
	If	any of the shares or stock are pledged or hypothecated in any way, give details.						
	<u>N/</u>	A						
15.	Ha	ve you ever been adjudged a bankrupt? No						
16.	có: wh	your knowledge has any company or entity for which you were an officer or director, trustee, investment ministee member, key management employee or controlling stockholder, had any of the following events occur alle you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) and should also include any events within twelve (12) months after his or her departure from the entity.						
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No						
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No						
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No						
expla	natio	n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.						
Dated am ad	l and ting o	signed this 2/57 day of work where at I hereby certify under penalty of perjury that I on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)						
State c	f							
County	of _	New York						
duly st	wom, d cor	ppeared before me the above named <u>George Joseph Gillespie, III</u> personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are rect to the best of his knowledge and belief.						
Subsci	ibed :	and sworn to before me this 21 ft day of November 20 d3.						
		My Commission Expires 6/27/06.						
		My Commission Expires $\frac{6/27/06}{}$ .						

RANDALL S. SCHULTZ Notary Public, State of New York No. 31-4931219 Qualified in New York County Commission Expires June 27, 2006

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 603-640-2200 Affiant's Full Name (Initials Not Acceptable). George Joseph Gillespie, III Maiden Name (if applicable) N/A Affiant's Social Security Number Government Identification Number if not a U.S. Citizen N/A 3. Foreign Student ID# (if applicable) N/A 4. Date of Birth: (MM/DD/YY) Place of Birth: City New York State/Province New York Country USA Name of Affiant's Spouse (if applicable) Eileen Gillespie List your residences for the last ten (10) years starting with your current address, giving: Beginning/Ending

City

Harrison

State/

Province

NY

Country Postal Code

USA

Dates

(MM/YY)

2/78-present

Address

Dated and signed this 2/17 day of I hereby certify under penalty of perju correct to the best of my knowledge and	ry that I am acting on my ow	n behalf, and that the foregoin	ng statements are true and  (Signature of Affiant)
County of New York  Personally appeared before me the above sworn, deposes and says that he executed and correct to the best of his knowledge a Subscribed and sworn to before me this	d the above instrument and the	at the statements and answers	on to me, who, being duly contained therein are true
SEAL)		My Commission Expires  RANDALL  Notary Public, No. 31	S. SCHULTZ State of New York -4931219 lew York County pires June 27, 2006

## AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, George Joseph Gillespie, III, presently residing at which is applying for licensure or a permit to organize with the Department of Insurance.
I understand that the Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.
Department of Insurance to treat at its discretion, or by operation of law, certain sources as confidential and its right to withhold from me or my agent the information identifying of such confidential sources. However, to the extent authorized by the Fair Credit Reporting Act, I do have the right to review any information g athered in any report regarding my background and the right to dispute and submit corrections of such information as deemed appropriate
A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.  Date: 11/21/03
This document was executed and signed in the presence of the following witnesses:
State of New York County of New York
Sworn to and subscribed before me this 11th day of November, 20 03.
[SEAL] My commission Expires: 6/27/06

RANDALL S. SCHULTZ Notary Public, State of New York No. 31-4931219 Qualified in New York County Commission Expires June 27, 2006

## **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

Full requi	Name, A ired (Do	Address and telephone number of the present or proposed entity under Not Use Group Names).	which this biographical statement is being
Whit	e Mounta	ains Insurance Group, Ltd.	
<u>80 S</u>	outh Mai	n Street, Hanover, NH 03755	
603-6	540-2200	)	
Туре	of entity	(i.e. insurance company, premium finance company, etc.): Financial S	ervices Holding Company
Lerei	nafter s ei	n with the above-named entity, I herewith make representations at forth. (Attach addendum or separate sheet if space hereon is insuf "NO" OR "NONE," SO STATE.	nd supply information about myself as ficient to answer any question fully.) IF
1.	a.	Affiant's Full Name (Initials Not Acceptable). John Davies Gillesp	
	ъ.	Maiden Name (if applicable) <u>N/A</u>	
2.	a.	Have you ever had your name changed? No If yes, give to full name(s).	- ,
	Ъ.	Other names used at any time (including aliases). N/A	
3.	a.	Are you a citizen of the United States? Yes	
	b.	Are you a citizen of any other country, if so, what country? No Managing Partner, Prospector Partners,	LLC
4.	Affian	nt's Occupation or Profession. Chairman & President, White Mountains	Advisors LLC
5.	Affian	nt's business address. 370 Church Street, Guilford, CT 06437	·
	Busine	ess telephone. (203) 458-1500	
6.	Eđuca	tion and Training:	
Colleg	e/ Unive	rsity City/ State Dates Attended (MM/YY	Degree Obtained
Bates :	College	Lewiston, ME 1980	B.A.

	<u>ite Studies: College</u>		City/ State	<u>Dates Attended (</u>	MM/YY)	Degree Obtained	
	te School of Busin d University		Stanford, CA	1986		M.B.A.	
	Training: Name			Attended (MM/YY)			
(Note: applica Informa	ble provide the for	a foreign scho eign student Iden	ol, please provide tification Number	full address and telepin the space provided	phone numbe in the Biogra	er of the college/univ	ersity. I olementa
7.	List of membersh	ips in profession	al societies and ass	ociations.			
	American Associ	ation of Insuranc	e and Financial An	alyst			
8.	Present or propos			. Deputy Chairman &	& Director		
9.	including present	jobs, positions,	partnerships, own	enty (20) years, whether of an entity, admin	ner compensa	ager, operator, directo	o to and orates or
SEE ITEN	M 9 ATTACHED			·			
Dates (N	ng/Ending MM/YY)	En	ployers' Name				
Address	· 			City		State/Province	
Country	P	ostal Code	Phone	Offices	s/Positions He	eld	
Fax		Superv	visor / Contact		***************************************		
Beginnii Dates (M	ng/Ending /IM/YY)	Em	ployers' Name				
ddress			<del></del>	City		State/Province	·
Country	Po	ostal Code	Phone	Offices	/Positions He	eld	
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ddress			**************************************	City		_ State/Province	
Country	Pos	tal Code	Phone	Offices/I	Positions Held	1	
'ax	<del>:</del>	Superv	isor / Contact				
eginnin	ng/Ending						

radica				Спу	State/Province
Countr	ту	Postal Code	Phone	(	Offices/Positions Held
Fax					
10.	a.	bond, give details.			oond? <u>No</u> If any claims were made on the
	Ъ.	Have you ever been deni revoked? <u>No</u> If yes, giv	ed an individua re details	d or position sch	edule fidelity bond, or had a bond canceled or
11.	or gov in the the lice	ny professional, occupational ernmental licensing agency of past. For any non-insurance	and vocational or regulatory authorized authory issues body having justing jus	licenses (including nority or licensing r, identify and pro- risdiction over the 11 ATTACHED	g licenses to sell securities) issued by any public authority which you presently hold or have held wide the name, address and telephone number of a license (s) issued. Attach additional pages if the
Organiz	ation /Is	suer of License			
City		State/Province		Country	Postal Code
License	Туре	Licen	se #	Date I	Issued (MM/YY)
		MM/YY) Reason Regulatory Phone Number (if I	cnown)		
Organiza	ation /Is:	suer of License			·
City	· · · · · · · · · · · · · · · · · · ·	State/Province		Country	Postal Code
License '	Туре	Licens	e#	Date I	ssued (MM/YY)
Date Exp	pired (M	M/YY) Reason	for Termination		
∑on-insı	ırance R	egulatory Phone Number (if k	nown)		
		onding to the following, if the			ged, and the affiant has personally verified that question. Have you ever:
	a.	Been refused an occupationa regulatory authority, or any p	ublic administra	itive, or governm	
	b.	Had any occupational, profes been subject to any judicial, a	administrative, r	egulatory, or disc	

d. Been charged with, or indicated for, any criminal offense(s) other than civil traffic offenses? No  Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No  Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No  Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in an judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No  h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No  i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No  J. Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity? No  If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.  List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of votin	С,	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
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Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil to come
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If any of the stock is pledged or hypothecated in any way, give details. N/A	posses whether nonman held by the po	control (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, er through the ownership of voting securities, by contract other than a commercial contract for goods or magement services, or otherwise, unless the power is the result of an official position with or corporate office y the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with over to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other
	If any o	of the stock is pledged or hypothecated in any way, give details. N/A

13.

14.	e1 "2 01	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.  Yes						
		any of the shares or stock are pledged or hypothecated in any way, give details.						
	<u>N</u> /	'A						
15.	На	ve you ever been adjudged a bankrupt? <u>No</u>						
16.	co: wh	your knowledge has any company or entity for which you were an officer or director, trustee, investment ministee member, key management employee or controlling stockholder, had any of the following events occur ile you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) fant should also include any events within twelve (12) months after his or her departure from the entity.						
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No						
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No						
	C.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No						
explar	ation	n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.						
Dated am act	and s ing o	signed this Little day of Local at Could W I hereby certify under penalty of perjury that I n my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.						
		Signature of Affiant)						
State of		emechant						
County	of _	Dewtlaven						
luly sw	orn,	opeared before me the above named <u>John Davies Gillespie</u> personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are ect to the best of his knowledge and belief.						
Subscri	oed a	nd sworn to before me this 24th day of Walenber 20 03.						
		Box On in Der (Notary Public)						
		My Commission Expires \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

## (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

White Mountains Insurance Group, Ltd.							
80 South Main St	80 South Main Street, Hanover, NH 03755						
603-640-2200							
		•	•				
1. a. Affiant's	Full Name (Initials ?	Not Acceptable).	John Davies Gillespie				
b. Maiden l	Vame (if applicable)	N/A					
2. Affiant's Soc	ial Security Number						
3. Government	dentification Number	r if not a U.S. Citi	zen <u>N/A</u>				
5. Date of Birth:	(MM/DD/YY)		Place of Birth: City W Country USA	hite Plains			
6. Name of Affia	ınt's Spouse (if applic	cable) <u>Andrea Gi</u>	illespie				
7. List your resid	lences for the last ten	(10) years starting	g with your current addr	ess, giving:			
Beginning/Ending Dates State/ (MM/YY) Address City Province Country Postal Code							
2/01-present	-	Guilford	CT	USA	06437		
6/97-2/01		Killingworth	CT	USA	06497		
6/93-6/97		Annapolis	MD	USA	21401		
6/86-6/93		Crownsville	MD	USA	21032		

Dated and signed this 24 day of Lower I hereby certify under penalty of perjury that I are	m acting on my own behalf, and that the foregoing statements are true and
correct to the best of my knowledge and belief.	Jally .
	(S(gnature of Affiant)
State of Conacticut	
County of Wastaner	
Personally appeared before me the above named	John Davies Gillespie personally known to me, who, being duly sworn, ument and that the statements and answers contained therein are true and
Subscribed and sworn to before me this	day of yalember 2003
*	•
	Robert (Notary Public)
(SEAL)	My Commission Expires (1) 3 (1)

## AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, John Davies Gillespie, presently residing	,
affiliated with	which is applying for licensure or a permit to organize with the Department of Insurance.
	Department of Insurance.
permission to any court, law enforcement age have concerning me which is requested by th or via a vendor to act acting on its behalf in the disclosure of such information. I further the [Vendor] be provided with a certified co	Department of Insurance will conduct an investigation of my my right of confidentiality as it reasonably relates to this inquiry I hereby give my ency, employer, firm, or person, to disclose any knowledge and information they be Department of Insurance either directly the capacity as described herein and waive any provisions of law which forbids consent and request that the State Department of Insurance, its representative, or opy of any such record concerning me which they may deem necessary in the he authorization to courts and law enforcement agencies is inapplicable to records a law.
operation of law, certain sources as confident such confidential sources. However, to the ex- any information g athered in any report rega- information as deemed appropriate	Department of Insurance to treat at its discretion, or by tial and its right to withhold from me or my agent the information identifying of xtent authorized by the Fair Credit Reporting Act, I do have the right to review arding my background and the right to dispute and submit corrections of such f Information shall be valid and have the same force and effect as the signed Date:
This document was executed and signed in the  1. State of County of Section Sworn to and subscribed before me this 24th	2. Moxobaty
[SEAL]	Notary Public  My commission Expires: 10/31 KL

#### **EMPLOYMENT HISTORY**

POSITION	PHONE FAX	DATE
Chairman & President WHITE MOUNTAINS ADVISORS LLC 370 Church Street Guilford, CT 06437	P: (203) 458-2380 F: (203) 458-0754	3/03 - present
Managing Director ONEBEACON INSURANCE GROUP LLC One Beacon Street Boston, MA 02108	P: (617) 725-6000 F: (617) 725-9055	6/01 – 3/03
Managing Partner PROSPECTOR PARTNERS 370 Church Street Guilford, CT 06437	P: (203) 458-1500 F: (203) 458-0840	3/97 - Present
Vice President T. ROWE PRICE ASSOCIATES, INC. 100 East Pratt Street Baltimore, MD 21202	P: (410) 547-2308	6/86 - 2/97
Financial Analyst GEICO CORPORATION One Geico Plaza Washington, DC	P: (301) 986-2500 F: (301) 986-3092	9/81 - 6/84

## Professional Licenses: John D. Gillespie

- Passed NASD Series 65
- 10/18/94
- Uniform Investment Advisor State Law Exam
- Investment Advisor Representative Registration

California	10/09/95	
District of Columbia	11/21/94	File # R3244-94
Illinois	12/01/95	
Maryland	06/04/91	
Pennsylvania	04/22/91	
Virginia	12/11/87	CRD # 1778872

# **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

# (Print or Type)

Full N requir	Vame, Adred (Do N	dress and tell ot Use Group	ephone number of the Names).	present or proposed entity under whi	ch this biographical statement	is being
80 So	uth Main	Street, Hanov	yer, NH 03755			
					•	
Туре	of entity (	i.e. insurance	company, premium fi	nance company, etc.): Financial Servi	ces Holding Company	
herein	after set f	forth. (Attac	ove-named entity, I th a ddendum or separ NE," SO STATE.	herewith make representations and rate sheet if space hereon is insufficient	supply information about my ent to answer any question ful	/self as lly.) IF
1.	a.			Acceptable). Gordon Stanley Macklin		
	<b>b.</b>	Maiden Na	me (if applicable) <u>N/</u>	<u>A</u>		
2.	a.	Have you e	).	hanged? <u>No</u> If yes, give the r		ide the
	b.			cluding aliases). <u>N/A</u>		
3.	a.	Are you a ci	tizen of the United St	ates? Yes		
	b.	Are you a ci	tizen of any other cou	ntry, if so, what country? No		
4.	Affiant'	's Occupation	or Profession. Retire	<u>d</u>		
5.	Affiant'	's business ad	dress. 8212 Burning	Tree Road, Bethesda, MD 20817		
	Busines	s telephone.	(301) 469-9392			
5.	Education	on and Traini	ng:			
College	e/ Univers	ity	City/ State	Dates Attended (MM/YY)	Degree Obtained	
3rown	University	У	Providence, RI	1946-1950	B.A	

None Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained None (Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university, applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information) 7. List of memberships in professional societies and associations. NONE  8. Present or proposed position with the applicant entity.  9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to a including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE (TREM 9 ATTACHED Beginning/Ending Dates (MM/YY)  Employers' Name Address  City  State/Province  Country  Postal Code Phone Offices/Positions Held  Supervisor / Contact  Seginning/Ending Dates (MM/YY)  Employers' Name  City  State/Province  Country  Postal Code Phone Offices/Positions Held  Seginning/Ending Dates (MM/YY)  Employers' Name  City  State/Province  Country  Postal Code Phone Offices/Positions Held  Supervisor / Contact  Seginning/Ending Dates (MM/YY)  Employers' Name  City  State/Province  Country  Postal Code Phone Offices/Positions Held  Supervisor / Contact  Seginning/Ending Dates (MM/YY)  Employers' Name  City  State/Province  Country  Postal Code Phone Offices/Positions Held  Supervisor / Contact  Supervisor / Contact  Supervisor / Contact	Graduat	e Studies: Co	llege/ University	City/ State	Dates Attended	MM/YY)	Degree Obtained
Other Training: Name	None						
None  (Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university, applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemen Information)  7. List of memberships in professional societies and associations.  NONE  8. Present or proposed position with the applicant entity. Director  9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to an including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE ITEM 9 ATTACHED  Deginning/Ending  Dates (MM/YY)  Employers' Name  Address  City  State/Province  Country  Postal Code  Phone  Offices/Positions Held  Deginning/Ending  Dates (MM/YY)  Employers' Name  Address  City  State/Province  Country  Postal Code  Phone  Offices/Positions Held  Deginning/Ending  Dates (MM/YY)  Employers' Name  City  State/Province  Deginning/Ending  Dates (MM/YY)  Employers' Name  City  State/Province  Deginning/Ending  Dates (MM/YY)  Employers' Name  City  State/Province  Deginning/Ending  Descriptions Held  Descriptions Hel	Other Ti	raining: Name	e <u>City/</u>	State D	Pates Attended (MM/YY)	Degree/Ce	rtification Obtained
(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university, applicable provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemen Information)  7. List of memberships in professional societies and associations.  NONE  8. Present or proposed position with the applicant entity. Director  9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to a including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE ITEM 9 ATTACHED  Seginning/Ending Dates (MM/YY)  - Employers' Name  Address  City  State/Province  Country  Postal Code Phone Offices/Positions Held  Supervisor / Contact  City  State/Province  Country  Postal Code Phone Offices/Positions Held  Supervisor / Contact  City  State/Province  Offices/Positions Held  Supervisor / Contact  Supervisor / Contact  Supervisor / Contact  Supervisor / Contact	None						
NONE  Present or proposed position with the applicant entity. Director  9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to a including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE ITEM 9 ATTACHED  Beginning/Ending Dates (MM/YY) Employers' Name  Address City State/Province	applicab	f affiant atter le provide the	nded a foreign sc	hool, please prov	vide full address and tele	phone numbe	er of the college/university phical Affidavit Supplemen
Present or proposed position with the applicant entity. Director  9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to a including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE ITEM 9 ATTACHED  Beginning/Ending Jates (MM/YY) Employers' Name	7.	List of memb	erships in professi	onal societies and	l associations.		
Present or proposed position with the applicant entity. Director  9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to an including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE HTEM 9 ATTACHED  Reginning/Ending Dates (MM/YY) Employers' Name  Address City State/Province  Reginning/Ending Dates (MM/YY) Employers' Name  Address City State/Province  Reginning/Ending Dates (MM/YY) Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Reginning/Ending Dates (MM/YY) Employers' Name			· · · · · · · · · · · · · · · · · · ·				
9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to an including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE ITEM 9 ATTACHED  Beginning/Ending Dates (MM/YY) Employers' Name  Address City State/Province	,	D	· · · · · · · · · · · · · · · · · · ·				
9. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to at including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient.  SEE ITEM 9 ATTACHED  Beginning/Ending Dates (MM/YY) Employers' Name	5.	Present or pro	oposed position wi				
Dates (MM/YY) Employers' Name		including pre	sent jobs, position	ord for the past	twenty (20) years, whet	her compensa	ated or otherwise (up to a
Beginning/Ending Dates (MM/YY) - Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Fax Supervisor / Contact  Seginning/Ending Dates (MM/YY) - Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Fax Supervisor / Contact  Seginning/Ending Dates (MM/YY) - Employers' Name  City State/Province  Country Postal Code Phone Offices/Positions Held  Seginning/Ending Dates (MM/YY) - Employers' Name  City State/Province  Country Postal Code Phone Offices/Positions Held  Ex Supervisor / Contact	EE ITEM	9 ATTACHED					·
Address Postal Code Phone Offices/Positions Held	Beginnin	g/Ending					
Country Postal Code Phone Offices/Positions Held  Supervisor / Contact  Beginning/Ending Dates (MM/YY) - Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Sax Supervisor / Contact  Beginning/Ending Dates (MM/YY) - Employers' Name  City State/Province Offices/Positions Held  Country Postal Code Phone Offices/Positions Held  Country Postal Code Phone Offices/Positions Held  Country Postal Code Phone Offices/Positions Held  Ex Supervisor / Contact							
Supervisor / Contact  Seginning/Ending Dates (MM/YY) - Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Supervisor / Contact  Seginning/Ending Dates (MM/YY) - Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Supervisor / Contact  Supervisor / Contact  Supervisor / Contact  Supervisor / Contact							
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Supervisor / Contact  Seginning/Ending Dates (MM/YY) Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Ex Supervisor / Contact	ddress _				City		_ State/Province
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Beginning/Ending Dates (MM/YY) Employers' Name  Address City State/Province  Country Postal Code Phone Offices/Positions Held  Ex Supervisor / Contact	ax		Supe	ervisor / Contact_			
Country Postal Code Phone Offices/Positions Held  Ex Supervisor / Contact	eginning ates (MN	y/Ending M/YY)					
EXSupervisor / Contact							
EXSupervisor / Contact							

Addres	SS			City	State/Province
Countr	ту	Postal Code	Phone		Offices/Positions Held
			ervisor / Contact		
10.	a.	Have you ever been in a bond, give details. N/A	position which	required a fidelity	oond? Yes If any claims were made on the
	Ъ.	Have you ever been de	nied an individ	ual or position scl	nedule fidelity bond, or had a bond canceled or
11.	or gover in the pa the licen	nmental licensing agency ast. For any non-insuranc using authority or regulate	or regulatory at e regulatory issu	ithority or licensin ier, identify and pr	ag licenses to sell securities) issued by any public g authority which you presently hold or have held ovide the name, address and telephone number of e license (s) issued. Attach additional pages if the
Organiz	zation /Issı	ier of License		Address	
City _		State/Provinc	e	Country	Postal Code
					Issued (MM/YY)
Date Ex	pired (MN	M/YY) Reaso	on for Terminati	o <b>n</b>	
		gulatory Phone Number (i			
		•			·
City		State/Province	?	Country	Postal Code
License	Туре	Lice	nse #	Date	Issued (MM/YY)
Date Ex	pired (MN	A/YY) Reaso	n for Terminatio	on	
Non-ins	urance Re	gulatory Phone Number (i	f known)		
12.		ding to the following, if the discourage din			nged, and the affiant has personally verified that question. Have you ever:
	1	Been refused an occupation regulatory authority, or any No.	y public adminis	trative, or governn	nental licensing agency?
·	Į	Had any occupational, pro been subject to any judicia No	l, administrative	, regulatory, or dis	

C.	professional, or vocational license or permit in any judicial, administrative, regulatory, of disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No
	response to any question above is answered "Yes", please provide details including dates, locations, disposition, attach a copy of the complaint and filed adjudication or settlement as appropriate.
posses whethenonman held b	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, er through the ownership of voting securities, by contract other than a commercial contract for goods or magement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in. NONE
If any	of the stock is pledged or hypothecated in any way, give details. N/A

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, share entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermed or is controlled by, or is under common control with, the person specified.  Yes								
	If	any of the shares or stock are pledged or hypothecated in any way, give details.							
15.	На	ve you ever been adjudged a bankrupt? <u>No</u>							
16.	cor wl	your knowledge has any company or entity for which you were an officer or director, trustee, investment ministee member, key management employee or controlling stockholder, had any of the following events occur ille you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) fant should also include any events within twelve (12) months after his or her departure from the entity.							
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No							
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No							
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No							
explan Dated	ation	n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.  Signed this 25th day of ONOMOV at Truniver. I hereby certify under penalty of perjury that I on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)							
State of County		kw Hampshire							
Persona duly sw	illy a orn,	predicted before me the above named Gordon Stanley Macklin personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are rect to the best of his knowledge and belief.							
Subscri	bed a	and sworn to before me this 25th day of Newber 2003.							
		(Notary Public)							
:		My Commission Expires  Notary Public, New Hampshire  All Commission Expires June 8, 2010							

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

## (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

W	<u>hite Mou</u>	intains Insurance	Group, Ltd.			· · · · · · · · · · · · · · · · · · ·
<u>80</u>	South M	Iain Street, Hano	ver, NH 03755		***************************************	
<u>60</u>	13-640-22	200				
		<del></del>				
1.	a. At	ffiant's Full Nam	e (Initials Not Acceptable). Go	rdon Stanley Macklin	<u>]</u>	
	b. М	aiden Name (if a	opticable) <u>N/Á</u>			<del></del>
2.	Affiant	t's Social Security	y Number			£
3.	Govern	ıment Identificati	on Number if not a U.S. Citizen	N/A		
4.	Foreig	n Student ID# (if	applicable) <u>N/A</u>			
5.		f Birth: (MM/DI rovince <u>Ohio</u>	P P C	lace of Birth: City Country USA	Eleveland	
6.	Name o	of Affiant's Spou	se (if applicable) Marilyn Mac	klin		
7.	List yo	ur residences for	the last ten (10) years starting w	vith your current add	ress, giving:	
	ginning/E Dates	nding		State/		
		Address	City	Province	Country	Postal Code
4/9	2-presen	t (	Bethesda	MD	USA	20817

Dated and signed this ZSHI I hereby certify under penalty correct to the best of my know	day of Olem of perjury that I am a ledge and belief.	ber at Hana acting on my own b	Her NH behalf, and that	the foregoing s	Statements are true and  MacL  (Signature of Affiant)
State of New Hamps County of Gyafton Personally appeared before me t deposes and says that he execu correct to the best of his knowled Subscribed and sworn to before the	ted the above instrum dge and belief.	rdon Stanley Mackli ent and that the sta day of Mew	in_personally tements and ar	known to me, waswers contained	tho, being duly sworn, d therein are true and
(SEAL)			My Commissi	on Expires	Public)  NANCY (SONAPE)  Lary Public, New Hampshire nmission Expires June 6, 2004

#### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Gordon Stanley Macklin, presently residing at be a ffiliated with	Bethesda, MD am affiliated with or proposed to which is applying for licensure or a permit to organize with the
Department o	
permission to any court, law enforcement agency, employ have concerning me which is requested by the directly or via a vendor to act acting on its behalf in the forbids the disclosure of such information. I further representative, or the [Vendor] be provided with a certification of the provided with a certification of the provided with a certification.	Department of Insurance will conduct an investigation of my onfidentiality as it reasonably relates to this inquiry I hereby give my ver, firm, or person, to disclose any knowledge and information they Department of Insurance either capacity as described herein and waive any provisions of law which consent and request that the State Department of Insurance, its fied copy of a ny such record concerning me which they may deem wever the authorization to courts and law enforcement agencies is chance with law.
such confidential sources. However, to the extent authori	Department of Insurance to treat at its discretion, or by ght to withhold from me or my agent the information identifying of ized by the Fair Credit Reporting Act, I do have the right to review ackground and the right to dispute and submit corrections of such
A true copy of this Authority for Release of Information original.  (Signature)	n shall be valid and have the same force and effect as the signed Date Date 25, 2003
This document was executed and signed in the presence of	the following witnesses:
1. <u>Denne Beaulus</u> 2 State State of Dew Hampshive County of graften	egna Sofrmas
Sworn to and subscribed before me this 25 day of	ovember, 20,03 Quin levrar
[SEAL] Notai	ry Public
My c	ommission Expires:NANCY LEGNACD
	Notary Public, New Hampshire Commission Expires June 6, 2000

## EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Retired		1/03 to Present
Deputy Chairman WHITE MOUNTAINS INSURANCE GROUP, LTD 80 South Main Street Hanover, NH 03755	P: (603) 640-2200 F: (603) 643-4592	6/01 to 1/03
Retired	P: (301) 469-0451 F: (301) 469-0458	7/98 to 6/01
President, Chief Executive Officer WHITE RIVER CORPORATION 777 Westchester Avenue White Plains, NY 10604	·	12/97 to 7/98
Non-executive Chairman WHITE RIVER CORPORATION 777 Westchester Avenue White Plains, NY 10604		10/93 to 7/98
Self Employed		4/92 to 10/93
Chairman HAMBRECHET & QUIST, INC. One Bush Street San Francisco, CA 94104		7/87 to 4/92
President NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC. 1735 K Street, NW. Washington, DC 20006		7/70 to 7/87

# **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

## (Print or Type)

Full Na require	ame, Add d (Do No	ress and tel t Use Group	ephone number of the pro Names).	esent or proposed entity under which	h this biographical stateme	nt is being
White !	Mountain	s Insurance	Group, Ltd.			
80 Sou	th Main S	treet, Hanov	ver, NH 03755			1
<u>603-64</u>	0-2200					
Туре о	f entity (i.	e. insurance	company, premium finan	ce company, etc.): Financial Service	es Holding Company	
hereina	fter s et fo	orth. (Attac	ove-named entity, I her th a ddendum or s eparate NE," SO STATE.	ewith make representations and so sheet if space hereon is insufficien	upply information about at to answer any question	myself as fully.) IF
1.	a.			ceptable). <u>Frank Albert Olson</u>		
	b.					
2.	a.	Have you of full name(s	).	ged? No If yes, give the re		rovide the
	٠					
	b.			ing aliases). <u>N/A</u>		
,					·····	·
3.				? Yes		
				y, if so, what country? No		
1.		_		, non-executive COB, Hertz Corp.		
5.	Affiant's	business ad	dress. 210 Summit Avenu	ue, Montvale, NJ 07645		
	Business	telephone.	(201) 307-2223			
5.	Educatio	n and Traini	ng:			
	Universi	ty	City/ State	Dates Attended (MM/YY)	Degree Obtained	
City Col	lege rancisco	•	San Francisco, CA	1950-1954	A.A.	

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Na require	ime, Add d (Do No	ress and telephone number of the pre t Use Group Names)	sent or proposed entity under which	this biographical statement is beir	18
White I	Mountain	Insurance Group, Ltd.			
80 Sout	h Main S	treet, Hanover, NH 03755			
603-640	0-2200				
Type of	f entity (i.	e. insurance company, premium financ	ce company, etc.): <u>Financial Services</u>	Holding Company	
hereina	fter s et f c	with the above-named entity, I here of the (Attach addendum or separate so)" OR "NONE," SO STATE.	ewith make representations and sups sheet if space hereon is insufficient	oply information about myself a to answer any question fully.) I	ıs F
1.	a.	Affiant's Full Name (Initials Not Acc	eptable). <u>Frank Albert Olson</u>		
	b.	Maiden Name (if applicable) N/A			
2.	a.	Have you ever had your name chang full name(s).	ged? No If yes, give the rea	-	е
	b.	Other names used at any time (includi			
3.	a.		? Yes		
	b.	Are you a citizen of any other country	, if so, what country? No		
4.	Affiant's	Occupation or Profession. Chairman,	non-executive COB, Hertz Corp.		
5.	Affiant's	business address. One Maynard Drive	e, Suite 100, Park Ridge, NJ		
	Business	telephone. (201) 307-2223			
6.	Educatio	n and Training:			
City Col	Universit lege rancisco	y City/ State  San Francisco, CA	Dates Attended (MM/YY) 1950-1954	Degree Obtained  A.A.	

<u>Gradua</u>	<u>te Studies: Co</u>	llege/ University	City/ State	Dates A	Attended (N	IM/YY)	Degree Obtained	<u>!</u>
Other T	raining: Nam	e City∕ S	State D	ates Attended (N	MM/YY)	Degree/Ce	ertification Obtained	<del>-</del>
(Note: Informa	ole provide th	nded a foreign sch e foreign student Id	nool, please prov	ide full address ber in the space	s and telen	none numb	er of the college/ur aphical Affidavit Su	niversity. I
7.	List of meml	perships in professio	onal societies and	associations				_
	NONE				<del></del>			
8,	Present or pr			ntity. <u>Director</u>		***		•
9.	including pre	e employment recessent jobs, positions Please list the most	s, partnerships, o	twenty (20) ye	ars, whethe	er compens trator, man	ated or otherwise ( ager, operator, dire- ed is insufficient.	up to and ctorates or
Beginnin	ıg/Ending							
		00 - present Emp	ployers' Name _	Hertz Corp.				
Address	One Maynar	d Drive, Suite 100		City <u>Par</u>	k Ridge	•	_ State/Province	NJ
Country	USA	Postal Code <u>07</u>	656 Phone (2	12) 307-2223	Offices/	Positions H	eld <u>Chairman, non-</u>	exec COB
Fax <u>(20</u>	1) 307-6625	Supe	rvisor / Contact _					·
Beginnin Dates (M	g/Ending [M/YY) <u>19</u>	54 - <u>1/00</u> Emp						
							_State/Province1	
Country_	USA	Postal Code <u>076</u>	656 Phone (2	12) 307-2223	Offices/I	Positions He	eld <u>Chairma</u>	n & CEO
Fax <u>(20</u>	1) 307-6625	Super	rvisor / Contact _			······································		· · · · · · · · · · · · · · · · · · ·
Beginnin Dates (M	g/Ending							
Address_				City	T		_ State/Province	
Country_		Postal Code	Phone		Offices/Po	ositions Hel	d	
	g/Ending	- E1						

Address	s			City	S	tate/Province
Country	у	Postal Code	Phone	Offi	ces/Positions Held_	
Fax		Supe				
10.	a.	bond, give details		W-P		
	b.	Have you ever been de revoked? No If yes, g	nied an individu	······································	ile fidelity bond, or	had a bond canceled or
11.	or gove in the j the lice	ny professional, occupational ernmental licensing agency past. For any non-insurancensing authority or regulator	or regulatory au e regulatory issu	I licenses (including li thority or licensing au er, identify and provice	thority which you pr de the name, address	ties) issued by any public resently hold or have held and telephone number of
Organiza	ation /Is	suer of License		Address		
City		State/Provinc	e	Country	Posta	1 Code
License '	Туре	Lice	ense #	Date Issu	ued (MM/YY)	
Date Exp	pired (M	IM/YY) Reaso	on for Termination	on	<del></del>	
Non-insu	ırance R	tegulatory Phone Number (i	f known)			
Organiza	ntion /Iss	suer of License		Address		
City		State/Province	e	Country	Postal	Code
License T	Гуре	Lice	nse #	Date Issu	ned (MM/YY)	
Date Exp	oired (M	M/YY)Reaso	n for Terminatio	n	<del></del>	
Von-insu	гапсе R	egulatory Phone Number (i	f known)			
		onding to the following, if the rd was sealed or expunged,				
i	a.	Been refused an occupatio regulatory authority, or any No	y public adminis	trative, or government	al licensing agency?	
1	b.	Had any occupational, probeen subject to any judicia	l, administrative,	regulatory, or discipl	inary action?	held,

o.	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
g	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No
If the etc.	response to any question above is answered "Yes", please provide details including dates, locations, disposition, Attach a copy of the complaint and filed adjudication or settlement as appropriate.
posses wheth nonma held b	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, er through the ownership of voting securities, by contract other than a commercial contract for goods or anagement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in. NONE
If any	of the stock is pledged or hypothecated in any way, give details. N/A

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shar entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliated" with, a specific person, is a person that directly, or indirectly through one or more interm or is controlled by, or is under common control with, the person specified.	te" of, or person
	Yes	<del></del>
		****
	If any of the shares or stock are pledged or hypothecated in any way, give details.	
	<u>N/A</u>	
15.	Have you ever been adjudged a bankrupt? No	
16.	To your knowledge has any company or entity for which you were an officer or director, tracommittee member, key management employee or controlling stockholder, had any of the follow while you served in such capacity? If yes, please indicate and give details. When responding to que affiant should also include any events within twelve (12) months after his or her departure from the en	ring events occur estions (b) and (c)
	a. Been refused a permit, license, or certificate of authority by any regulatory Governmental licensing agency? No	
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidatic conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar No	on, receivership, proceeding)?
	c. Been placed on probation or had a fine levied against it or against its permit, license, or certifica any civil, criminal, administrative, regulatory, or disciplinary action? No	
	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the nation provided.	positive and an
Dated am act	and signed this 20 day of 1000 at 2003. I hereby certify under penalty ting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledges.	ge and belief.
	Laols	nu
		nature of Affiant)
State of	of Dersey	
County	of bergen	
duly sw	worn, deposes and says that he executed the above instrument and that the statements and answers contrad correct to the best of his knowledge and belief.	me, who, being ained therein are
Subscri	ribed and sworn to before me this 20 day of November 2007.	0
	Qusan Jan	Poculic) (Notary Public)
	My Commission Expires 1	-21-07 .

SUSAN JANE POCSIK NOTARY PUBLIC OF NEW JERSEY My Commission Expires Dec. 21, 2007 County of Bergen

#### **BIOGRAPHICAL AFFIDAVIT** Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 603-640-2200 Affiant's Full Name (Initials Not Acceptable). Frank Albert Olson 1. Maiden Name (if applicable) N/A Affiant's Social Security Number Government Identification Number if not a U.S. Citizen N/A 3. Foreign Student ID# (if applicable) N/A Place of Birth: City San Francisco Date of Birth: (MM/DD/YY) State/Province California Country USA Name of Affiant's Spouse (if applicable) Sarah Olson List your residences for the last ten (10) years starting with your current address, giving: Beginning/Ending Dates State/ (MM/YY)<u>Address</u> City Province Country Postal Code 10/99-present Palm Beach FL<u>33</u>480 1985-10/99 Ridgewood NJ

USA

Dated and signed this 20 day of 100 at 2003  I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.
(Signature of Affiant)
State of Alan A Tagger
State of Now Jessey County of Bergen
Personally appeared before me the above named <u>Frank Albert Olson</u> personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.
Subscribed and sworn to before me this 20 day of Wovenland 2003
(Notary Public)
(SEAL) My Commission Expires 12-21-07

SUSAN JANE POCSIK NOTARY PUBLIC OF NEW JERSEY My Commission Expires Dec. 21, 2007 County of Bergen

### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Frank Albert Olson, presently residing at which is applying for licensure or a permit to organize with the Department of Insurance.
I understand that the Department of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry I hereby give my permission to any court, law enforcement agency, employer, firm, or person, to disclose any knowledge and information they have concerning me which is requested by the Department of Insurance either directly or via a vendor to act acting on its behalf in the capacity as described herein and waive any provisions of law which forbids the disclosure of such information. I further consent and request that the State Department of Insurance, its representative, or the [Vendor] be provided with a certified copy of any such record concerning me which they may deem necessary in the performance of their investigation. However the authorization to courts and law enforcement agencies is inapplicable to records which have been expunged in accordance with law.
I recognize the right of the
A true copy of this Authority for Release of Information shall be valid and have the same force and effect as the signed original.    Lieute
This document was executed and signed in the presence of the following witnesses:
State of Dew Sersey County of Bergen
Sworn to and subscribed before me this 20 day of Douenta, 2003.
[SEAL] Notary Public Poce
My commission Expires: 12-21-07

SUSAN JANE POCSIK NOTARY PUBLIC OF NEW JERSEY My Commission Expires Dec. 21, 2007 County of Bergen

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full N requir	lame, Add ed (Do No	ress and telephone number of the p t Use Group Names).	resent or proposed entity under which	this biographical statement is being
White	Mountain	s Insurance Group, Ltd.		
80 Soi	uth Main S	treet, Hanover, NH 03755		
(603)	640-2200	Name of the Control o		***
Туре	of entity (i	e. insurance company, premium fina	nce company, etc.): Financial Service	s Holding Company
herein	after set f	with the above-named entity, I he orth. (Attach a ddendum or s eparat O" OR "NONE," SO STATE.	erewith make representations and su e s heet if s pace hereon is insufficien	apply information about myself as to answer any question fully.) IF
1.	а.		cceptable). <u>Lowndes Andrew Smith</u>	
	b.		·	
2.	a.	name(s).	ged? No If yes, give the reason	
	b.		ding aliases). <u>N/A</u>	
	·			
3.	a.	Are you a citizen of the United State	s? <u>Yes</u>	
	b.	Are you a citizen of any other country	ry, if so, what country? <u>N/A</u>	
4.	Affiant's	Occupation or Profession. Retired	1	,
5.	Affiant's	business address.	Westbrook, CT 06498	
	Business	telephone. 860		10° 00° 00° 00° 00° 00° 00° 00° 00° 00°
6.	Educatio	n and Training:		
College	:/ Universi	y City/ State	Dates Attended (MM/YY)	Degree Obtained
Babsor	1 College_	Wellesley, MA	09/57 – 06/60	B.S

	·			· · · · · · · · · · · · · · · · · · ·	******		
Other 7	<u> Fraining: Nam</u>	e Cit	y/ State	Dates Attende	ed (MM/YY)	Degree/Ce	rtification Obtained
(Note: applica Informa	ore brooking th	nded a foreign e foreign studen	school, please t Identification	provide full add Number in the sp	dress and telepl pace provided in	none numbers the Biogra	er of the college/university. aphical Affidavit Supplement
7.	List of mem	perships in profe	ssional societie:	s and association	s. <u>None</u>	· · · · · · · · · · · · · · · · · · ·	
8.	Present or pr						
9.	morulaing pro	e employment r sent jobs, positi	ecord for the j	past twenty (20) ps, owner of an Attach additiona	years, whethe	r compensa	eted or otherwise (up to and ager, operator, directorates of d is insufficient.
Beginnir	ng/Ending	160 06100		· <u></u>			
							State/Province <u>CT</u>
							eld <u>Vice Chair, President</u>
Fax <u>86</u>	60-843-3528	Su	pervisor / Cont	act <u>Thomas M</u>	larra		
Beginnin Dates (M	g/Ending [M/YY)	•	Employers' N	ame			;
Address_				City			State/Province
Country_							ld
eginning	g/Ending						
							State/Province
eginning	/Ending	-					

Addr	ess			City		_ State/Province
Coun	try	Postal Code	Phone		Offices/Positions He	ld
Fax_	-	Supe	rvisor / Contact			
10.	a.	bond, give details. <u>N/2</u>	A	· · · · · · · · · · · · · · · · · · ·		
	b.	Have you ever been de revoked? If yes, give de	nied an individual ( tails. <u>No</u>	or position s		, or had a bond canceled
11.	or go in the the lie	any professional, occupational vernmental licensing agency past. For any non-insurance censing authority or regulator provided is insufficient.	al and vocational lic or regulatory author e regulatory issuer, i ry body having juriso	enses (includ rity or licensi identify and p diction over t	ng authority which yo rovide the name, addi he license (s) issued.	curities) issued by any pub- u presently hold or have he ress and telephone number Attach additional pages if t
Organi	ization /]	Issuer of License <u>NASD</u>			9495	
		ourg State/Province <u>MD</u>				
Licens	е Туре _	Fin. Prime Securities	License # <u>83101</u>	6	Date Issued (MM/Y	Y) <u>06/72</u>
Date E	xpired (1	MM/YY) <u>07/03</u> Reaso	on for Termination_	Retired		
Von-in	surance	Regulatory Phone Number (i.	f known)		_	
Organiz	zation /I:	ssuer of License	A	ddress		
City _		State/Province		Country	Po	stal Code
icense	туре _	Lice	ase #	Date	Issued (MM/YY)	· · · · · · · · · · · · · · · · · · ·
ate Ex	xpired (N	MM/YY)Reason	ı for Termination		,	
on-ins	surance I	Regulatory Phone Number (if	known)		-	
2.		onding to the following, if the ord was sealed or expunged,				
	a.	Been refused an occupation regulatory authority, or any No	public administrativ	ve, or govern	nental licensing agen	cy?
	b.	Had any occupational, professen subject to any judicial.  No	, administrative, regi	ulatory, or di	sciplinary action?	ve held,

disciplinary action? No
Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No
Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No
Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law or another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No
Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No
Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No
Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?
esponse to any question above is answered "Yes", please provide details including dates, locations, disposition, tach a copy of the complaint and filed adjudication or settlement as appropriate.
rentity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The ontrol" (including the terms "controlling," "controlled by" and "under common control with") means the ion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, through the ownership of voting securities, by contract other than a commercial contract for goods or agement services, or otherwise, unless the power is the result of an official position with or corporate office the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with

. 13.

"2 01	Vill you or members of your immediate family subscribe to or own, beneficially of of record, shares of stock of an ntity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or perso affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls it is controlled by, or is under common control with, the person specified.  Yes
If	any of the shares or stock are pledged or hypothecated in any way, give details.
_]	N/A
77	ave you ever been adjudged a bankrupt? No
. То	o your knowledge has any company or entity for which you were an officer or director, trustee, investmen
To co wl	o your knowledge has any company or entity for which you were an officer or director, trustee, investment or ministee member, key management employee or controlling stockholder, had any of the following events occupille you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) frant should also include any events within twelve (12) months after his or her departure from the entity.
To co wl af	o your knowledge has any company or entity for which you were an officer or director, trustee, investment ommittee member, key management employee or controlling stockholder, had any of the following events occupille you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) fiant should also include any events within twelve (12) months after his or her departure from the entity.  Been refused a permit, license, or certificate of authority by any regulatory authority, of Governmental licensing agency? No

explanation provided.

Dated and signed this day of at I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.
and defined and control of the best of my knowledge and belief.
(Signature of Affiant)
tate of CONNECTICIT
ounty of Mipolesex
ersonally appeared before me the above named Lousnots A. Smith personally known to me, who, being uly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are ue and correct to the best of his knowledge and belief.
abscribed and sworn to before me this
LINOA Carencole (Notary Public)
My Commission Expires 3/31 08

## BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 (603) 640-2200 a. Affiant's Full Name (Initials Not Acceptable). Lowndes Andrew Smith b. Maiden Name (if applicable) N/A Affiant's Social Security Number Government Identification Number if not a U.S. Citizen N/A Foreign Student ID# (if applicable) N/A Date of Birth: (MM/DD/YY) Place of Birth: City <u>Middletown</u> 5. State/Province <u>CT</u> Country <u>USA</u> Name of Affiant's Spouse (if applicable) Susan F. Smith List your residences for the last ten (10) years starting with your current address, giving: Beginning/Ending Dates State/ City Province Country Postal Code (MM/YY)Address \_\_ 01/01-present Westbrook CT USA Weatogue CT USA 06089 02/92 - 01/01

Dated and signed this day of I hereby certify under penalty of perjucorrect to the best of my knowledge and	ry that I am acting on i	ny own behalf, an	d that the foregoin	g statements are true and
			14	All The second
				(Signature of Affiant)
State of Connecticut  County of Micoliaix				
County of Micoliack				
Personally appeared before me the above duly sworn, deposes and says that he exetrue and correct to the best of his knowled	cuted the above instrur	A Smith ment and that the s	personally kno tatements and answ	own to me, who, being vers contained therein are
Subscribed and sworn to before me this_	2151 day of	Nov.	20 <u>03</u>	
			(N6	façy Public)
(SEAL)		My Co	mmission Expires	3/3/08

#### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, LOWNES A. SAIPS	, presently residing at	hesphast
am affiliated with or proposed to be af	filiated with	which is
applying for licensure or a permit to org	anize with the	Department of Insurance.
permission to any court, law enforceme have concerning me which is requested ly via a vendor to act acting on its behalf disclosure of such information. I further [Vendor] be provided with a certified	nive any right of confidentiality as not agency, employer, firm, or per by the	of Insurance will conduct an investigation of my it reasonably relates to this inquiry I hereby give my son, to disclose any knowledge and information they  Department of Insurance either directly or m and waive any provisions of law which forbids the re Department of Insurance, its representative, or the trning me which they may deem necessary in the law enforcement agencies is inapplicable to records
such confidential sources. However, to any information g athered in any r eport information as deemed appropriate	the extent authorized by the Fair regarding my background and to see of Information shall be valid	from me or my agent the information identifying of Credit Reporting Act, I do have the right to review the right to dispute and submit corrections of such and have the same force and effect as the signed
(Signature)	Date:	1-2/-23
This document was executed and signed in  State of CONNECTION  County of Mississ X	the presence of the following with the presence of the presence of the following with the presence of the presence	nesses:
Sworn to and subscribed before me this	218T day of November	,2003 .
[SEAL]	Notary Public	Carenouse

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

requi	red (Do l	Not Use Group	Names).	resent or proposed entity under which	1	
Whit	e Mounta	ins Insurance G	roup, Ltd.			
80 Sc	outh Mair	n Street, Hanove	er, NH 03755			
603-6	<u>640-2200</u>					
				nce company, etc.): Financial Service		
herei	n <mark>after</mark> s et	forth. (Attach	ve-named entity, I he a ddendum or separat IE," SO STATE.	erewith make representations and su esheetifspacehereonisinsufficien	apply information about myself as to answer any question fully.) IF	
1.	a.			cceptable). <u>Joseph Saul Steinberg</u>		
	b.	Maiden Nan	ne (if applicable) <u>N/A</u>			
2.	а.	full name(s).		nged? No If yes, give the rea	•	
	b.	Other names	used at any time (inclu	nding aliases). <u>N/A</u>		
3.	a.	Are you a cit		es? <u>Yes</u>		
	b.	Are you a cit	izen of any other coun	try, if so, what country? No		
4.	Affiar	nt's Occupation	or Profession. Preside	nt, Leucadia National Corporation	•	
5.	Affiar	nt's business add	ress. 315 Park Avenue	South, New York, NY	· · · · · · · · · · · · · · · · · · ·	
	Busin	ess telephone.	(212) 460-1944			
6.	Educa	tion and Trainir	g;			
Colle	ge/ Unive	rsity	City/ State	Dates Attended (MM/YY)	Degree Obtained	
New '	York Uni	versitv	New York, NY	1962-1966	A.B.	

Gradua	te Studies: College	/ University	City/ State	Dates Attended (	MM/YY)	Degree Obtained
Harvar	d Business School		Boston, MA	1968-1970		M.B.A.
Other T	Training: Name	-		Attended (MM/YY)		<del></del>
	If affiant attended ble provide the for	a foreign sch	ool, please provide		phone numbe	r of the college/university. phical Affidavit Supplement
7.	List of membersh	ips in professio	nal societies and ass	ociations.		
	NONE					
8.	Present or propos	ed position with		. Director		
9,	including present	jobs, positions	rd for the past twe		ner compensa istrator, mana	ted or otherwise (up to an ger, operator, directorates o
	ng/Ending			on die National Como		
						ouinee NV
						ovince NY
	_					itions Held <u>President</u>
	ng/Ending //M/YY)	- E				
Address				City		State/Province
Country	P	ostal Code	Phone	Offices	/Positions He	Id
ax		Supe	rvisor / Contact			
Beginni Dates (N	ng/Ending					
Address				City	··	State/Province
Country	Pos	stal Code	Phone	Offices/I	Positions Held	1
ax		Super	visor / Contact			
Beginnii Dates (M	ng/Ending					

Addres	SS		City	State/Province
Countr	у	Postal Code Phon	eOffice	es/Positions Held
Fax		Supervisor / Co	ntact	
10.	<b>a.</b>	Have you ever been in a position w bond, give details.	hich required a fidelity bond	? No If any claims were made on the
	b.	Have you ever been denied an in revoked? No If yes, give details		
11.	in the pa	r professional, occupational and voca cumental licensing agency or regulator ast. For any non-insurance regulator using authority or regulatory body have ovided is insufficient. NASD licen	ational licenses (including lice ory authority or licensing auth y issuer, identify and provide ving jurisdiction over the lice	enses to sell securities) issued by any public nority which you presently hold or have held the name, address and telephone number of ense (s) issued. Attach additional pages if the arl Marks & Co. Inc. from 1970-1978. ded. License No. 434838
Organiz	ation /Iss	uer of License	Address	
				Postal Code
		License #		
Date Ex	pired (MN	M/YY) Reason for Term	nination	
Non-inst	urance Re	gulatory Phone Number (if known)		•
City		State/Province	Country	Postal Code
License '	Туре	License #	Date Issue	d (MM/YY)
Date Exp	pired (MN	M/YY) Reason for Term	ination	
Von-insu	ırance Re	gulatory Phone Number (if known) _		
12.	In respon		as been sealed or expunged,	and the affiant has personally verified that tion. Have you ever:
	1	Been refused an occupational, profess regulatory authority, or any public add No	ministrative, or governmental	licensing agency?
		Had any occupational, professional, o been subject to any judicial, administr No		

	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No				
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No				
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No				
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No				
g,	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No				
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No				
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No				
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?				
	response to any question above is answered "Yes", please provide details including dates, locations, disposition, Attach a copy of the complaint and filed adjudication or settlement as appropriate.				
term posse wheth nonm held t	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, her through the ownership of voting securities, by contract other than a commercial contract for goods or management services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in. See attachment				
If any	of the stock is pledged or hypothecated in any way, give details. N/A				

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
	Yes; See attachment
	If any of the shares or stock are pledged or hypothecated in any way, give details.
	N/A
15.	Have you ever been adjudged a bankrupt? No
16.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No
	c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No
expla	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an nation provided.
Dated am ac	and signed this 24 day of 1 day of 1 day of 1 day of 1 hereby certify under penalty of perjury that I sting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.  (Signature of Affiant)
State o	f New York
County	of New York
duly sv	ally appeared before me the above named <u>Joseph Saul Steinberg</u> personally known to me, who, being vorn, deposes and says that he executed the above instrument and that the statements and answers contained therein are d correct to the best of his knowledge and belief.
Subscri	ibed and sworn to before me this 24 the day of November 2003.
	Patricia Q. Rock (Notary Public)
	My Commission Expires $8/28/2006$

## BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 603-640-2200\_ 1. a. Affiant's Full Name (Initials Not Acceptable). Joseph Saul Steinberg b. Maiden Name (if applicable) N/A 2. Affiant's Social Security Number Government Identification Number if not a U.S. Citizen N/A Foreign Student ID# (if applicable) N/A Date of Birth: (MM/DD/YY) Place of Birth: City Chicago State/Province IL Country USA 6. Name of Affiant's Spouse (if applicable) Diane Heidt Steinberg 7. List your residences for the last ten (10) years starting with your current address, giving: Beginning/Ending State/ Dates Country Postal Code City Province (MM/YY) Address

NY

Brooklyn

USA

1992-present

Dated and signed this 24 day of November at 10 AM
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.
(Signature of Affiant)
State of New York
County of New York
Personally appeared before me the above named <u>Joseph Saul Steinberg</u> personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.
Subscribed and sworn to before me this 21th day of November 2003
Patricia a. Rante (Notary Public)
(SEAL) My Commission Expires $8/28/2006$

PATRICIA A. RAAB
Notary Public, State of New York
No. 01RA6047311
Qualified in Nassay County
Commission Expires 1/29/2066

#### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Joseph Saul Steinberg, presently residing at affiliated with	which is applying for licensure or a permit to organize with the
Department of Ir.	nsurance.
permission to any court, law enforcement agency, employed have concerning me which is requested by the or via a vendor to act acting on its behalf in the capacity the disclosure of such information. I further consent and rethe [Vendor] be provided with a certified copy of any such as the such acting the such acting to the such acting to the such acting the such ac	Department of Insurance will conduct an investigation of my onfidentiality as it reasonably relates to this inquiry I hereby give my er, firm, or person, to disclose any knowledge and information they  Department of Insurance either directly as described herein and waive any provisions of law which forbids request that the State Department of Insurance, its representative, or such record concerning me which they may deem necessary in the on to courts and law enforcement agencies is inapplicable to records
operation of law, certain sources as confidential and its rig such confidential sources. However, to the extent authoriz	Department of Insurance to treat at its discretion, or by that to withhold from me or my agent the information identifying of the sed by the Fair Credit Reporting Act, I do have the right to review ckground and the right to dispute and submit corrections of such
A true copy of this Authority for Release of Information original.  (Signature)	shall be valid and have the same force and effect as the signed  Date: Noun Del 11,2003
This document was executed and signed in the presence of the state of New York  County of New York	the following witnesses:
Swom to and subscribed before me this AH day of No.  [SEAL]  Notary	their a. Rond
,	mmission Expires: 8128/2066
	DATOICIA A DAAD

#### ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT OF STEINBERG, JOSEPH SAUL

#### Items 13 and 14

Leucadia National Corporation ("Leucadia") owns more than 10% of the following insurance companies:

Name and Address of Insurance Company	Position	Percentage Owned
Allcity Insurance Company New York, New York 10011	Director (since 2/88)	100%
Empire Insurance Company* New York, New York	Director (since 2/88)	100%
Olympus Re Holdings, Ltd.	Director (since 12/01)	16.1%
Olympus Reinsurance Company Ltd.	Director (since 12/01)	16.1% (through Olympus Re Holdings, Ltd.)

Through my beneficial ownership of approximately 12.6% of the common shares of Leucadia outstanding at November 2003 (excluding warrants with respect to Leucadia common shares and excluding shares owned by trusts for the benefit of my children (approximately 1.6% of outstanding shares at November 2003), I am associated with the foregoing entities, as well as all of Leucadia's non-public subsidiaries.

"Leucadia owns White Mountains Insurance Group, Ltd. ("WMIG") approximately 4% of the common stock of White Mountains Insurance Group, Ltd. ("WMIG"). As a result of my beneficial ownership of Leucadia common shares described above, I may be deemed to have an indirect interest in these securities owned by Leucadia.

<sup>\*</sup> In 2001, Centurion Insurance Company merged into its parent, Empire Insurance Company

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

req	uired (Do N	Not Use G	roup Names).	present or proposed entity under whi	ch this biographical stateme	ent is being
						_
				nance company, etc.): Financial Service		
In o	connection inafter s et :	with the forth. ( A	above-named entity. I l	nerewith make representations and states the sheet if space hereon is insufficient	supply information about	
1.	· a.	Affiant		Acceptable). <u>Allan Lewis Waters</u>		
	ъ.	Maiden	•			
2.	a.	full nam	ne(s).	anged? No If yes, give the re		rovide the
	b.	Other na		nding aliases). <u>NONE</u>		
١.	a.	Are you		es? <u>Yes</u>		
	b.	Are you	a citizen of any other count	ry, if so, what country? No		
	Affiant's	s Occupati	on or Profession. Managin	ng Member; Mulherrin Capital Adviso	ors, LLC	
	Affiant's	business	address. 10 Mulherrin Far	m Road, Hanover, NH 03755		
	Business	telephone	e. (603) 643-7702			
•	Educatio	n and Tra	ining:			
olleg	ge/ Universi	ty	City/ State	Dates Attended (MM/YY)	Degree Obtained	
nive	rsity of Mar	yland	College Park, MD	08/75 - 05/79	B.S Accounting	

<u>Gradua</u>	te Studies: College/ Universi	ty City/ State	Dates Attended (MM/YY)	Degree Obtained
NONE				
Other 7	Training: Name Ci	ty/ State D	ates Attended (MM/YY) Degree/Ce	rtification Obtained
NONE	1.1100-999			
(Note: applica Informa	ble provide the foreign stude	school, please prov nt Identification Num	ide full address and telephone number in the space provided in the Biogra	er of the college/university. If aphical Affidavit Supplemental
7.	List of memberships in prof	essional societies and	associations.	<del></del>
	American Institute of CPA'	5		
8.	Present or proposed position	ı with the applicant e	ntity. <u>Director, White Mountains Insur</u>	rance Group, Ltd.
9.	including present jobs, pos	itions, partnerships, o	twenty (20) years, whether compens owner of an entity, administrator, man ach additional pages if the space provid	ager, operator, directorates or
	ng/Ending MM/YY) <u>3/98 - present</u>	Employers' Name	Mulherrin Capital Advisors, LLC	
Address	s _10 Mulherrin Farm Road		City <u>Hanover</u>	State/Province NH
			03-643-7702 Offices/Positions F  I am the Founder and Principal Owner	
Beginni Dates (N	ng/Ending MM/YY) <u>10/85</u> - <u>11/97</u>	Employers' Name	Fund American Enterprises Holdings	s, Inc.
Address	80 South Main Street	·	City <u>Hanover</u>	State/Province NH
Country	USA Postal Code	_03755 Phone _6	03-640-2200 Offices/Positions Held	Asst. VP-Finance, VP - Finance, Controller, CFO
			John J. Byrne	
Beginni Dates (N	ng/Ending MM/YY) <u>04/85 - 10/85</u>	Employers' Name	Gejco Corporation	
Address	5260 Western Avenue	····	City <u>Chevy Chase</u>	State/Province <u>MD</u>
Country	_USA Postal Code	20815 Phone 3	01-986-3000 Offices/Positions Held	Director - Corporate Affairs
Fax <u>30</u>	1-986-2888	Supervisor / Contact _	John J. Byrne	
Beginni Dates (N	ng/Ending //M/YY) <u>10/84 - 4/85</u>	Employers' Name	Marriott International, Inc.	
Address	Marriott Drive		City Washington	_ State/Province _DC

тах_	<u>301-380</u>	-2111	Supervisor / Co	ntact			•
				:			
10.	a.	Have you e bond, give	ver been in a position v details. <u>N/A</u>	which required a fidelity bond?	? <u>No</u>	If any claim	s were made on th
	b.	Have you e	ever been denied an in No If yes, give details.	dividual or position schedule	fidality has		
11.	in the	past. For any i	non-insurance regulator; or regulatory body have	ntional licenses (including lice ory authority or licensing authory y issuer, identify and provide ving jurisdiction over the licen	nses to sell a	you presently	sued by any public hold or have held
Organ	ization /Is	suer of License	Maryland Board of Public Accountancy	Address 500 North Ca	ilvert Street,	3 <sup>rd</sup> Floor	
ar.	D - 14	- C	1.1 /D 1				
City _	Baitimor	<u>s</u> 5	tate/Province MD	Country <u>USA</u>		Postal Code	44212
				Country <u>USA</u> e # <u>7046</u> Da			
Licens	е Туре _	Certified Public	c Accountant License	e#_ <u>7046</u> Da	te Issued (M		
Licens Date E	e Type _	Certified Public	c Accountant Licenson  Reason for Term  e Number (if known) 4	e # _7046 Da  Danination _Did not renew licens  410-230-6258	te Issued (M <u>e</u>	(M/YY) <u>05/8</u>	80
Licens Date E Non-in	e Type _ Expired (Masurance R	Certified Public  IM/YY) _12/86  Legulatory Phon	c Accountant Licenson  Reason for Term  Number (if known) _4	e # _7046 Da  Did not renew licens  110-230-6258	te Issued (M <u>e</u>	(M/YY) <u>05/8</u>	80
Date E Non-in Organiz	e Type ixpired (M ssurance R zation /Iss	Certified Public  IM/YY) _12/86  Legulatory Phon  Lucer of License _	c Accountant License Reason for Term e Number (if known) _4	e # _7046	te Issued (M <u>e</u>	(M/YY) <u>05/8</u>	80
Date E Non-in Organiz City	e Type Expired (Massurance R zation /Iss	Certified Public  IM/YY) _12/86  Legulatory Phon  There of License _  Sta	c Accountant License Reason for Term e Number (if known) _4	e # _7046	te Issued (M e F	(M/YY) <u>05/8</u>	80
Date E Non-in Organiz City License	Expired (Masurance Resourance Res	Certified Public  IM/YY) _12/86  Legulatory Phon  Suer of License _  Sta	c Accountant License Reason for Term e Number (if known) _4  ate/Province License #	e # _7046	te Issued (Me	(M/YY) <u>05/8</u>	80
Date E Non-in Organiz City License	e Type ixpired (M issurance R zation /Iss : Type kpired (M	Certified Public  IM/YY) _12/86  Regulatory Phon  Suer of License _  Sta	c Accountant License Reason for Term e Number (if known) _4  ate/Province License #	e # _7046	te Issued (Me	(M/YY) <u>05/8</u>	80
Date E Non-in Organiz City License Date Ex	Expired (M. surance R.	Certified Public  IM/YY) _12/86  Legulatory Phone  Euer of License _  Sta  M/YY)  egulatory Phone  and the following to	Reason for Term e Number (if known) _4  ate/Province License # Reason for Termin  Number (if known)  lowing, if the record ha	e # _7046	te Issued (M  e  (MM/YY) _	Ostal Code	80
Date E Non-in Organiz City License	e Type Expired (M. Expi	Certified Public  IM/YY) _12/86  Legulatory Phone  Euer of License Sta  M/YY)  Egulatory Phone  Inding to the folloid was sealed or  Been refused an regulatory authory authory	Reason for Term e Number (if known) _4  ate/Province License # Reason for Termir Number (if known) dowing, if the record ha expunged, an affiant many accupational, professionity, or any public adm	Address  Country  Date Issued	te Issued (Me	ont has personal ever:	ally verified that

c.	professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No				
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No				
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No				
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No				
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No				
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No				
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No				
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No				
If the etc.	response to any question above is answered "Yes", please provide details including dates, locations, disposition, Attach a copy of the complaint and filed adjudication or settlement as appropriate.				
term posses wheth nonma held b the po	ny entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, are through the ownership of voting securities, by contract other than a commercial contract for goods or anagement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other in. NONE				
If any	of the stock is pledged or hypothecated in any way, give details. N/A				

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of an entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or perso "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, control or is controlled by, or is under common control with, the person specified.  YES				
		of the shares or stock are pledged or hypothecated in any way, give details.			
	<u>NON</u>				
15.	Have	you ever been adjudged a bankrupt? <u>No</u>			
16.	comm while	our knowledge has any company or entity for which you were an officer or director, trustee, investment ittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) should also include any events within twelve (12) months after his or her departure from the entity.			
	a. Bo	een refused a permit, license, or certificate of authority by any regulatory authority, or overnmental licensing agency? <u>No</u>			
	ju	ad its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any dicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, nservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?			
	c. Be	en placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in y civil, criminal, administrative, regulatory, or disciplinary action? No			

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 3rd day of December at Hander M hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the pest of my howledge and belief.
AWA
(Signature of Affiant)
State of New Hampshire
County of <u>Quarton</u>
Personally appeared before me the above named () and () personally known to me, who, being
duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are
true and correct to the best of his knowledge and belief.
Subscribed and sworn to before me this 3rd day of December 20 03.
(Notary Public)
(1000)
My Commission ExpirésNANCYLEONARD
Notary Public, New Hampshire My Commission Expires June 6, 2006

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being

required (Do Not Use Group	Names).	1 17	THE STATE OF THE S	orograpinear statem
White Mountains Insurance G	roup, Ltd.			
80 South Main Street, Hanove	r, NH 03755			
603-640-2200	· · · · · · · · · · · · · · · · · · ·			
	Initials Not Acceptable).			
b. Maiden Name (if appl	icable) <u>N/A</u>			
2. Affiant's Social Security N				
3. Government Identification				
4. Foreign Student ID# (if app				
5. Date of Birth: (MM/DD/Y State/Province Maryland	Y)		lavre de Grace	
5. Name of Affiant's Spouse (				
List your residences for the				
Beginning/Ending				
Dates MM/YY) Address	City	State/ Province	Country	Postal Code
1/93-present	Hanover	NH	USA	03755

Dated and signed this 3 day of Docember at I hereby certify under penalty of perjury that I am acting on m	Hander NH y own behalf, and that the foregoing statements are true and
correct to the best of my knowledge and belief.	( Shi)t
	(Signature of Affiant)
State of New Hampshire	
County of Quatton	
Personally appeared before me the above named (Man lew) duly sworn, deposes and says that he executed the above instrument true and correct to the best of his knowledge and belief.	personally known to me, who, being the and that the statements and answers contained therein are
Subscribed and sworn to before me this 318 day of	December 2003
	(Notary Public)
(SEAL)	My Commission Expires  NANCY LEONARD  Notary Public, New Hampshire  My Commission Expires June 6, 2003

## AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Allan Lewis Waters	, presently residing at	
am affiliated with or proposed to be affiliate	ed with	Hanover, NH
am affiliated with or proposed to be affiliated applying for licensure or a permit to organize	with the	which is  Department of Insurance.
permission to any court, law enforcement age have concerning me which is requested by the via a vendor to act acting on its behalf in the disclosure of such information. I further cons	ency, employer, firm, or person a capacity as described herein a sent and request that the State I of any such record concerning authorization to courts and have	of Insurance will conduct an investigation of my reasonably relates to this inquiry I hereby give my n, to disclose any knowledge and information they Department of Insurance either directly or and waive any provisions of law which forbids the Department of Insurance, its representative, or the hing me which they may deem necessary in the law enforcement agencies is inapplicable to records
I recognize the right of the operation of law, certain sources as confidentia such confidential sources. However, to the extant information g athered in any report regardinformation as deemed appropriate	al and its right to withhold from	tment of Insurance to treat at its discretion, or by om me or my agent the information identifying of redit Reporting Act, I do have the right to review right to dispute and submit corrections of such
A true copy of this Authority for Release of Poriginal.  (Signature)	Information shall be valid and	d have the same force and effect as the signed
This document was executed and signed in the production of the pro	Donnes Beaulem	ses:
worn to and subscribed before me this 3 d	lay of Desember Notary Public	, 20 03.
	My commission Expires:	1
		Nitron Public, New Hampshire
•		32.) Fullis Parties lugo 2 2003

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full N requir	Name, Ac ed (Do N	Address and telephone number of the present or proposed entity under which this biographical statemen Not Use Group Names).	it is being
White	Mounta	ains Insurance Group, Ltd.	
80 So	uth Main	in Street, Hanover, NH 03755	
<u>603-6</u>	40-2200	0	
Туре	of entity	y (i.e. insurance company, premium finance company, etc.): Financial Services Holding Company	
herein	after s et	n with the above-named entity, I herewith make representations and supply information about a set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question if "NO" OR "NONE," SO STATE.	myself as fully.) IF
1.	a.	Affiant's Full Name (Initials Not Acceptable). <u>Arthur Zankel</u>	
	b.	Maiden Name (if applicable) N/A	
2.	a.	Have you ever had your name changed? <u>No</u> If yes, give the reason for the change and pufull name(s).	rovide the
	b.	Other names used at any time (including aliases). N/A	
3.	a.	Are you a citizen of the United States? Yes	
	ъ.	Are you a citizen of any other country, if so, what country? No	
4.		ant's Occupation or Profession. Senior Managing Member, High Rise Capital Management, LP	
5.		ant's business address. 535 Madison Avenue, New York, NY	
	Busi	iness telephone. (212) 756-3311	
6.	Educ	cation and Training:	
Colle	ge/ Univ	versity City/ State Dates Attended (MM/YY) Degree Obtained	
Univ	erstiy of	f Pennsylvania PA 1949-1953 B.S.	

<u>Gradu</u>	ate Studies: C	ollege/ University	City/ State	Da	tes Attended (N	ИМ/ҮҮ)	Degree Obtained
Harvar	rd Graduate S	chool of Business	Cambridge, M	IA 195	3-1955		M.B.A.
Other '	Training: Nan	ne City/	State D	ates Attende	d (MM/YY)	Degree/Ce	rtification Obtained
(Note: applica Informa	F	ended a foreign so ne foreign student	chool, please prov Identification Num	ide full add ber in the sp	ress and telepl ace provided in	hone numben the Biogra	er of the college/university.  aphical Affidavit Supplemen
7.							
	NONE						
8.	Present or pr	oposed position w					
9.	THOMAS DI	POSTI TODOS DOSTITOI	ord for the past as, partnerships, or at recent first. Attac	W/Mer of on e	mititue ochranical		ted or otherwise (up to an ger, operator, directorates of d is insufficient
SEE ITEM	9 ATTACHED						o as mauriciont.
Beginnir Dates (N	ng/Ending /M/YY)		Employara? Name			····	
Address			Employers Ivame	City			State/Province
Country		Postal Code	Phone	City	Office /D	!!!TT	State/Province
Fax	,	Sup	ervisor / Contact		Onices/P	osmons He	(d
Beginnin	g/Ending		Employers' Name _				
							State/Province
Country_		_ Postal Code	Phone		Offices/Po	ositions Hel	d
Fax	· · · · · · · · · · · · · · · · · · ·	Supe	rvisor / Contact				
Beginning Dates (MI	g/Ending M/YY)						
Address _				City			State/Province
Country _		Postal Code	Phone		Offices/Pos	itions Held	
`ax		Super	visor / Contact				
Beginning Dates (MN							

Address				City		State/Province	
Country		Postal Code	Phone	C	ffices/Positions I	Held	<del></del>
Fax		Supe	ervisor / Contact _				
10.	a. 🗳	Have you ever been in a bond, give details.					e on the
	b.	Have you ever been do revoked? No If yes,	enied an individu		edule fidelity bo	ond, or had a bond cand	eled or
11.	or gove in the p the licer	y professional, occupation rnmental licensing agency ast. For any non-insuranusing authority or regulatorovided is insufficient.	y or regulatory au ce regulatory issu ory body having j	thority or licensing er, identify and pro	g authority which ovide the name, a e license (s) issue	you presently hold or hand address and telephone nu- ed. Attach additional page	ive held mber of
Organiza	ation /Iss	mer of License		Address			***************************************
City		State/Provin	ce	Country		Postal Code	
License '	Туре	Li	cense #	Date	Issued (MM/YY	")	
Date Exp	pired (M	M/YY)Rea	son for Terminati	on			
Non-inst		egulatory Phone Number	(if known)		-		
Organiza		suer of License		Address			· · · · · · · · · · · · · · · · · · ·
City		State/Provin	ce	Country		Postal Code	
License	Туре	Li	cense #	Date	Issued (MM/YY	")	
Date Exp	pired (M	[M/YY) Rea	son for Terminati	on			
Non-inst	urance R	egulatory Phone Number	(if known)		_		-
12.	In respo	onding to the following, is	f the record has b d, an affiant may	een sealed or expurespond "no" to the	inged, and the af e question. Have	fiant has personally verif you ever:	ied that
	a.	Been refused an occupative regulatory authority, or a No	ıny public admini	strative, or goverm	mental licensing	agency?	<del></del>
	b.	Had any occupational, p been subject to any judic	cial, administrativ	e, regulatory, or di	isciplinary action	?	

V.	professional, or vocational license or permit in any judicial, administrative, regulatory, o disciplinary action? No					
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No					
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No					
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No					
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No					
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No					
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No					
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?					
If the etc. A	response to any question above is answered "Yes", please provide details including dates, locations, disposition, ttach a copy of the complaint and filed adjudication or settlement as appropriate.					
<del></del>						
possess whethe nonmar held by the pov	ay entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The control" (including the terms "controlling," "controlled by" and "under common control with") means the sion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, or through the ownership of voting securities, by contract other than a commercial contract for goods or magement services, or otherwise, unless the power is the result of an official position with or corporate office of the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with over to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other NONE					
If any o	f the stock is pledged or hypothecated in any way, give details. N/A					

13.

14.	ent "at or	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.  Yes								
	If a	If any of the shares or stock are pledged or hypothecated in any way, give details.								
	<u>N/.</u>	Å .								
l <i>5</i> .	Ha	ve you ever been adjudged a bankrupt? No								
16.	coi wh	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) ffiant should also include any events within twelve (12) months after his or her departure from the entity.								
	a.	Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No								
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  No								
	C,	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No								
1	!	n affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an a provided.								
State o	of	New york New york								
Person July s	ally a worn,	ppeared before me the above named Arthur Zankel personally known to me, who, being deposes and says that he executed the above instrument and that the statements and answers contained therein are rect to the best of his knowledge and belief.								
Subsci	ibed :	and sworn to before me this $219$ day of $NOV$ $2003$ .								
		and sworn to before me this 219 day of NOV 2003.  Down My Commission Expires 9/29/07.								
		My Commission Expires $\frac{9/29/07}{}$ .								

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). White Mountains Insurance Group, Ltd. 80 South Main Street, Hanover, NH 03755 603-640-2200 1. a. Affiant's Full Name (Initials Not Acceptable). Arthur Zankel b. Maiden Name (if applicable) N/A 2. Affiant's Social Security Number Government Identification Number if not a U.S. Citizen <u>N/A</u> Foreign Student ID# (if applicable) N/A Date of Birth: (MM/DD/YY) Place of Birth: City New York State/Province New York Country USA Name of Affiant's Spouse (if applicable) Judy Zankel 7. List your residences for the last ten (10) years starting with your current address, giving: Beginning/Ending Dates State/ (MM/YY) Address City Province Country Postal Code

Armonk

NY .

USA

1990-present

Dated and signed this	chalf, and that the foregoing statements are true and (S)gnature of Affiant
State of New York  County of New York  Personally appeared before me the above named Arthur Zankel personand says that he executed the above instrument and that the statements and best of his knowledge and belief.  Subscribed and sworn to before me this 24 day of NOV	answers contained therein are true and correct to th
(SEAL)	My Commission Expires 9/29/03

DONNA M. AMEND
Notary Public, State of New York
No. 01AM5099576
Qualified in Suffolk County
Commission Expires September 29, 20

### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Arthur Zankel, presently residing at	Armonk, NY am affiliated with or proposed to be affiliated with which is applying for licensure or a permit to organize with the
D	Department of Insurance.
permission to any court, law enforcemen have concerning me which is requested by via a vendor to act acting on its behalf in disclosure of such information. I further [Vendor] be provided with a certified	Department of Insurance will conduct an investigation of my ive any right of confidentiality as it reasonably relates to this inquiry I hereby give my it agency, employer, firm, or person, to disclose any knowledge and information they the
such confidential sources. However, to the	Department of Insurance to treat at its discretion, or by dential and its right to withhold from me or my agent the information identifying of the extent authorized by the Fair Credit Reporting Act, I do have the right to review regarding my background and the right to dispute and submit corrections of such
A true copy of this Authority for Releas original.  (Signature)	Date: 11/21/03
This document was executed and signed in  1	the presence of the following witnesses:  2.   4 a.e.   4.   4.   4.   4.   4.   4.   4.
Sworn to and subscribed before me this $\overline{2}$	15t day of NOV , 20 03.
[SEAL]	DOMA M AMUND Notary Public My commission Expires: 9/29/07
	My commission Expires: 1/0-1/01

DONNA M. AMEND
Notary Public, State of New York
No. 01AM5099578
Qualified in Suffolk County
Commission Expires September 29, 20 07

## EMPLOYMENT HISTORY

POSITION	PHONE FAX	DATE
Senior Managing Member High Rise Capital 535 Madison Avenue New York, NY 10022	P: (212) 756-3311 F: (212) 421-7540	2000 – present
Co-Managing Partner First Manhattan Co. 437 Madison Avenue New York, NY	P: (212) 756-3311 F: (212) 421-7540	1979 - 1997
General Partner First Manhattan Co. 437 Madison Avenue New York, NY	P: (212) 756-3311 F: (212) 421-7540	1965 - 1999

## **BIOGRAPHICAL AFFIDAVIT**

(Print or Type)

Occum Acquisition Corp.  80 South Main Street
Hanover, NH 03755
In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully). IF THE ANSWER IS "NO" OR "NONE", SO STATE.  1. Affiant's Full Name (Initials Not Acceptable): Reid Tarlton Campbell
2. a. Have you ever had your name changed? No If yes, give the reason for the change
b. Other names used at any time:
3. Afflant's Social Security Number:
4. Date and Place of Birth: Raleigh. NC
Affiant's Business Address: 370 Church Street, Guilford, CT 06437
Business Telephone: (203) 458-2380
6. List your residences for the last ten (10) years starting with your current address, giving:
DATES ADDRESS CITY AND STATE SEE ITEM 6 ATTACHED
7. Education: Dates, Names, Locations and Degrees:
College: 1986 - 1990 Washington & Lee University Lexington, VA B.S.
Graduate Studies:
Others:

8. List memberships in Professional Societies and Associations:  Certified Public Accountant, State of Connecticut; Connecticut Society of CPA's; American Institution of CPA's
9. Present or Proposed Position with the Applicant Company:  Secretary and Treasurer
10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:
DATES EMPLOYER AND ADDRESS TITLE SEE ITEM 10 ATTACHED
11. Present employer may be contacted: X Yes No
Former employers may be contacted: X Yes — No
12. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details:
b. Have you ever been denied an individual or position schedule fidelity bond, or have a bond cancelled or revoked? No If yes, give details:
13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination): None
14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? No If yes, give details.
15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power): None
If any of the stock is pledged or hypothecated in any way, give details

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? Yes If any of the shares of stock are pledged or hypothecated in any way, give details:
Holder of 906 shares of White Mountains Insurance Group, Ltd. common stock - less than 1%
17. Have you ever been adjudged a bankrupt? No
18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement or a sentence suspended or been pardoned for conviction of or pleaded guilty or noto contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency? No If yes, give details:
b. Has any company been so charged, allegedly as a result of any action or conduct on your part? No     If yes, give details:
19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? No
20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? No  If yes, give details:

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and the second s	etillere i		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	•
ated and signed this	5 day of_ 6	loal	des de la lactica de la companya de		at
Guilbra	CT	The	ereby certify un	der penalty of pe	rjury that
am acting on my ow my knowledge and	n behalf, and that the belief.	foregoing stat	iements are tru	ue and correct to	the best
en e		٨٠٠	LT. S	m	
Section 1	+ N	(Signature of	f Affiant)		,
tate of Connec	hicut.	Dept. See to 1	199		. **
ounty of New	Haven	in the second se	Comps.		
ersonally known to r	before me the above me, who, being duly s e statements and ans belief.	sworn, depose	s and says tha	at he executed th	e above the best
ubscribed and sworr	n to before me this 🧲	day of_	popal	••••	2004
	NATURE OF THE STATE OF THE STAT	(Notary Publ	) ( ic)	2. Der	<del>√</del> -
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#### EMPLOYMENT HISTORY

DATE **POSITION** 3/03 - Current Managing Director WHITE MOUNTAINS ADVISORS/WHITE MOUNTAINS CAPITAL, INC. 370 Church Street Guilford, CT 06437 6/01 - 2/03 Vice President ONEBEACON INSURANCE GROUP 370 Church Street Guilford, CT 06437 2/94 - 5/01 Vice President and Director of Finance WHITE MOUNTAIN INSURANCE GROUP, LTD. & subsidiaries 80 South Main Street Hanover, NH 03755-2053 10/90 - 1/94 Audit Senior KPMG PEAT MARWICK Stamford Square 3001 Summer Street Stamford, CT 06905 6/89 - 8/89 Assistant (Marketing) IBM CORPORATION National Distributions Division New York, NY

#### RESIDENCE HISTORY

DATE	ADDRESS	CITY AND STATE
8/01 - Current		New Canaan, CT
6/97 - 8/01		Hanover, NH
9/94 - 5/97		Hanover, NH
5/94 - 8/94		White River Jct., VT
9/92 - 4/94		New Canaan, CT

## **BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

## (Print or Type)

				process of proposed state, and which		-
<u>370 (</u>	Church St	treet, Guilfor	d, CT 06437			<u>.</u>
(203	458-23	8				
Туре	of entity	(i.e. insuran	ce company, premium fi	nance company, etc.):		
herei	nafter s et	forth. (Att	above-named entity, I ach a ddendum or s epar IONE," SO STATE.	herewith make representations and s ate sheet if space hereon is insufficien	supply information about nt to a nswer a ny question	myself as fully.) IF
1.	a.	Affiant's		Acceptable). <u>Kernan Victor Oberting</u>		
	b.	Maiden N		1		
<b>2.</b>	a. Have you ever had your name changed? No If yes, give the reason for the change and provided full name(s).					
		**************************************		·		
	b.			luding aliases). <u>N/A</u>		
3.	a.	Are you a	citizen of the United Sta	ites? Yes		•
	b.	Are you a	citizen of any other cour	ntry, if so, what country? No		
4.	Affian	at's Occupation	on or Profession. Manag	ing Director, White Mountains Capital	, Inc.	
5.	Affian	nt's business a	address. 80 South Main	Street, Hanover, NH 03755		
	Busine	ess telephone	. (603) 640-2222			·
6.	Educa	tion and Trai	ning:			
Colle	ge/ Unive	rsity	City/ State	Dates Attended (MM/YY)	Degree Obtained	. ,
)arim	outh Col	lege	Hanover, NH	1987-1991	B.A Economics	

Gradua	te Studies: Col	lege/ University	City/ State	Dates Atte	nded (MM/YY)	Degree Obtained	1
Other T	raining: Name	City/ St	ate Date	es Attended (MM/	/YY) Degree/Co	ertification Obtained	
(Note: applical Informa	ble provide the	ded a foreign scho foreign student Ide	ool, please provid entification Numbe	le full address an	d telephone numb	per of the college/uraphical Affidavit St	– niversity, I applemental
7.	List of memb	erships in profession	nal societies and a	ssociations.			••
	None	····			·		<del>-</del>
							-
8.	Present or pro	posed position with	•		ccum Acquisition (		<u>-</u>
9.	including pre		, partnerships, ow	mer of an entity,	administrator, mai	sated or otherwise nager, operator, dire ded is insufficient,	
SEE ITEN	M 9 ATTACHED						•
Beginni	ng/Ending						· · · · · · · · · · · · · · · · · · ·
						G	
						State/Province	
						feld	
Fax		Supe	rvisor / Contact				
Beginni Dates (N	ng/Ending MM/YY)	E	mployers' Name _				
Address				City		State/Province	<u> </u>
Country	·	Postal Code	Phone		Offices/Positions F	Ield	
Fax		Supe	rvisor / Contact				
Beginni Dates (N	ng/Ending vIM/YY)						
Address				City		State/Province	
Country	r	Postal Code	Phone	0	ffices/Positions He	eld	
Fax		Supe	rvisor / Contact		<u></u>		<del> </del>
Beginni Dates (N	ng/Ending	- · · · E					

Address				City	State/Province
· ·					s/Positions Held
10.	a.	bond, give details.			No If any claims were made on the
	b	Have you ever been de revoked? No If yes, a	enied an individ give details.	·	fidelity bond, or had a bond canceled or
· i	or gover in the pa the licen	professional, occupation mmental licensing agency ast. For any non-insurance	al and vocationa or regulatory at the regulatory issues.	al licenses (including licenthority or licensing authors, identify and provide	nses to sell securities) issued by any public ority which you presently hold or have held the name, address and telephone number of use (s) issued. Attach additional pages if the
Organiza	tion/Iss	uer of License		Address	
City		State/Province	e	Country	Postal Code
License T	Гуре	Lic	ense #	Date Issue	i (MM/YY)
Date Exp	ired (MI	M/YY) Reaso	on for Termination	on	
Non-insu	rance Re	gulatory Phone Number (	if known)		
Organizat	tion /Issu	er of License		_ Address	-
City		State/Province	e	Country	Postal Code
License T	ype	Lice	ense #	Date Issued	(MM/YY)
Date Expi	ired (MN	//YY) Reaso	on for Terminatio	on	
Von-insur	rance Re	gulatory Phone Number (i	f known)		
2. I	n respon he recore	ding to the following, if t d was sealed or expunged,	he record has be an affiant may re	en sealed or expunged, espond "no" to the quest	and the affiant has personally verified that on. Have you ever:
a	1	Been refused an occupatio regulatory authority, or an No	y public adminis		licensing agency?
Ъ	1	Had any occupational, probeen subject to any judicia	l, administrative,	regulatory, or disciplina	ry action?

c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action? No				
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No				
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No				
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No				
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No				
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? No				
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? No				
j.	Had a lien, or foreclosure action filed against you or any entity while you were associated with that entity?  No				
	response to any question above is answered "Yes", please provide details including dates, locations, disposition, attach a copy of the complaint and filed adjudication or settlement as appropriate.				
<u> </u>					
posses wheth nonm held b	my entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The "control" (including the terms "controlling," "controlled by" and "under common control with") means the ssion, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, her through the ownership of voting securities, by contract other than a commercial contract for goods or anagement services, or otherwise, unless the power is the result of an official position with or corporate office by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with ower to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other no. NONE				
Ifans	of the stock is pledged or hypothecated in any way, give details, N/A				

13.

14.	Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of an entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with, the person specified.  YES					
	If any of the shares or stock are pledged or hypothecated in any way, give details.					
-	N/A					
15.	Have you ever been adjudged a bankrupt? No					
16.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.					
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental licensing agency? No					
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? No					
	c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No					
	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an ation provided.  and signed this 2 day of 4 day of 4 day of at 4 day of 1 hereby certify under penalty of perjury that I ing on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.					
	121/2					
State of	(Signature of Affiant)					
	of avaftan					
Personal	ly appeared before me the above named <u>Kernan Victor Oberting</u> personally known to me, who, being					
true and	orn, deposes and says that he executed the above instrument and that the statements and answers contained therein are correct to the best of his knowledge and belief.					
Subscrib	ed and sworn to before me this 2nd day of Hpril 2004.					
	(Notary Public)					
	My Commission Expires .					
	NANCY LEONARD Notary Public, New Hampshire Commission Expires June 6, 2008					

# BIOGRAPHICAL AFFIDAVIT Supplemental Information

#### (Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Occum Acquisition Corp.							
370 Church Street, Guilford, CT	06437	,					
(203) 458-2380							
1. a. Affiant's Full Name (Init	a. Affiant's Full Name (Initials Not Acceptable). Kernan Victor Oberting						
b. Maiden Name (if applica	ble) <u>N/A</u>						
2. Affiant's Social Security Nun	Affiant's Social Security Number						
3. Government Identification N	ımber if not a U.S. Citizen 🛚 1	1/ <u>A</u>					
4. Foreign Student ID# (if appli	cable) <u>N/A</u>						
5. Date of Birth: (MM/DD/YY) State/Province New York	Di de Cita Dama						
6. Name of Affiant's Spouse (if	applicable) Judith Oberting						
7. List your residences for the la	st ten (10) years starting with	your current add	ress, giving:				
Beginning/Ending Dates (MM/YY) Address	City	State/ Province	Country	Postal Code			
2/00-present	Hanover	NH	USA	03755			
11/99-2/00	Hanover	NH	USA	03755			
7/96-10/99	Thetford Center	VT	USA	05075			
5/95-7/96	Hanover	NH	USA	03755			
5/94-5/95	Tokyo 154	<u> </u>	Japan				
0/03 5/04	Tokyo 166		Japan	,			

Dated and signed this I hereby certify under correct to the best of n	day of Jor- penalty of perjury that I a ny knowledge and belief.	2004 at H	anover NH wn behalf, and that the	e foregoing states	ments are true and
• •			1	(Signature)	) gnature of Affiant)
State of Lew Ho	imphire				
County of Qua	ton				
Personally appeared before deposes and says that he correct to the best of his	ore me the above named e executed the above instruknowledge and belief.	Kernan Victor Ob- ument and that the	erting personally kno statements and answe	own to me, who, ters contained the	peing duly sworn, rein are true and
Subscribed and sworn to	J t	day of	pril 20	004	
'e .			Man	(Notary Pub.	tic)
SEAL)			My Commission E	( )	
				Notary Publi	Y LEONARD c, New Hampshire Expires June 6, 2006

### AUTHORITY FOR RELEASE OF INFORMATION

To the extent permitted by law, information provided by the affiant, gathered and included in a summary background report prepared for the State Insurance Department by the Vendor shall remain confidential and shall not be subject to further disclosure under any state public records statutes.

I, Kernan Victor Oberting, presently residing at	Hanover, NH am affiliated with or proposed to be
affiliated with	which is applying for licensure or a permit to organize with the t of Insurance.
Department	· ·
permission to any court, law enforcement agency, employ have concerning me which is requested by the or via a vendor to act acting on its behalf in the capacity the disclosure of such information. I further consent and the [Vendor] he provided with a certified copy of any statement of the provided with a certified copy of the certified copy of the certified copy of the certified copy of the certified cop	Department of Insurance will conduct an investigation of my confidentiality as it reasonably relates to this inquiry I hereby give my ver, firm, or person, to disclose any knowledge and information they  Department of Insurance either directly as described herein and waive any provisions of law which forbids request that the State Department of Insurance, its representative, or such record concerning me which they may deem necessary in the gion to courts and law enforcement agencies is inapplicable to records
such confidential sources. However to the extent author	Department of Insurance to treat at its discretion, or by ight to withhold from me or my agent the information identifying of ized by the Fair Credit Reporting Act, I do have the right to review ackground and the right to dispute and submit corrections of such
A true copy of this Authority for Release of Informatio original.  (Signature)	n shall be valid and have the same force and effect as the signed  Date: 4504
This document was executed and signed in the presence of	the following witnesses:
1. <u>Dannes Beauleur</u> 2. <del>S</del>	Jonna Davis
State of lew tampshive County of avactar	
Sworn to and subscribed before me this 5th day of	April, 2004  Denne Lena  Ty Public
My c	commission Expires:
	Notary Public, New Hampshke  My Commission Expires June 6, 2006

## **EMPLOYMENT HISTORY**

POSITION	DATE
Managing Director White Mountains Capital, Inc. 80 South Main St. Hanover NH 03755 (603) 643-2222	2/03 – present
Vice President OneBeacon Insurance Group 80 South Main St. Hanover NH 03755 (603) 643-2222	6/01 — 2/03
Vice President White Mountains Insurance Group, Ltd. 80 South Main St. Hanover NH 03755 (603) 643-2200	2/98 – 5/01
Analyst White Mountains Insurance Group, Ltd. 80 South Main St. Hanover NH 03755 (603) 643-2200	7/95 - 2/98
Trader CS First Boston Japan	9/93 - 4/95
English Teacher ESL Japan	8/92 - 10/92
Analyst Stern Stewart & Co. 450 Park Ave. NY, NY 10022	10/91 - 7/92